



THE
MIDWIFE'S
PRACTICAL DIRECTORY;

OR,

WOMAN'S CONFIDENTIAL FRIEND:

COMPRISING,

EXTENSIVE REMARKS ON THE VARIOUS CASUALTIES, AND
FORMS OF DISEASE, PRECEDING, ATTENDING AND
FOLLOWING THE PERIOD OF GESTATION.

WITH AN APPENDIX.

THE WHOLE DESIGNED FOR THE SPECIAL USE OF THE
BOTANIC FRIENDS IN THE UNITED STATES.

BY THOMAS HERSEY,

*Practicing Physician of the Botanic Order, formerly Surgeon in the
U. S. Army, late President of the Conventions, Secretary of Gen-
eral Correspondence to the Friend. Thom. Bot. So. of the U. S.*

Midwifery is the art of facilitating the exit of the child, and all its
appurtenances, from the womb of its mother. *Baudelocque.*

In Medical writings, strict veracity is above all other things required.
Francis.

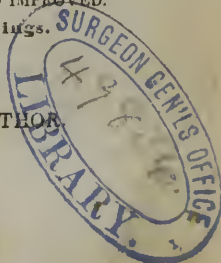
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With numerous Engravings.

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DEDICATORY NOTICE.

To all whom it may Concern :

KNOW YE,

That this little volume, entitled,

THE MIDWIFE'S PRACTICAL DIRECTORY

AND

WOMAN'S CONFIDENTIAL FRIEND,

(The result of long experience and extensive observation,) is cordially *inscribed* to our

THOMSONIAN BRETHERN

In these United States *generally*, and to the numerous intelligent

THOMSONIAN SISTERHOOD,

(In their respective families) *especially*, as a token of our devotedness to the principles that regulate the THOMSONIAN SYSTEM of BOTANIC PRACTICE, and of the profound respect, and high consideration we entertain, for all, who, like ourself, have embraced this medical reformation, as a precious boon kind heaven has conferred on the sons and daughters of humanity.

Respectfully submitted by the author,

THOMAS HERSEY.

Columbus City, O. Oct. 1st, 1834.

LETTERS OF APPROBATION, &c. &c.

[We have received so many letters approving our work on Midwifery that to transcribe them all, is now impracticable. We shall content ourself with giving some concise extracts suited to the present stage of the concern, omitting many extensive and interesting comments on the book, and the general state of Thomsonian affairs, that may be more expedient to publish at a future period.]

HAMILTON, OHIO, *Dec. 8th*, 1835.

My much esteemed friend, your two kind letters and valuable book, which you did me the kindness to send me, have been duly received. Daily occurrences beyond my control, have prevented me, or this acknowledgment would have been sent before. Since their arrival you have scarcely been absent from my mind an hour during my waking thoughts. While revolving the contents of your letter in my mind, so many thoughts of the past, present and future rush in conflict together, that I hardly know what to say on the subject. The characteristic philanthropy of the prominent individuals, concerned in the great cause; the bold stand taken by them, and the sudden success which followed *your labors* in the Editorial department of the Recorder, Corresponding Secretary, &c. &c., seemed to warrant the presumption of a successful and honorable standing, if not a permanent and unbroken conquest. Painful the fear, that the cup of joy may be dashed from our grasp, and the good cause be scattered to the winds; or, its glorious consummation procrastinated by the conflicting interests, and discordant views and opinions of its Father and his Agents. If money is the root of much evil, avarice is the BOHON UPAS of true knowledge, human improvement, and universal intelligence.

I rejoice that your book is published, and so does *every Friend* with whom I have spoken on the subject. The want of it, or some such work, or guide, has retarded the

growth and spread of the good cause. Why has it not been published before? We have had the supplement it is true!! But what of that? Would the Patriarch of the cause be satisfied that his apostles and children needed no more light on that important and delicate subject? Would he admit for a moment, that the chaste, ingenious and talented Deweese, &c. &c., have perfected the science? or, that its light is only dawning on all minds but his own? If his original and masterly mind possesses, exclusively, the glories and beauties of his system and of its meridian splendor, should he withhold it for a moment? If this be a correct conjecture, and more wisdom and truth on this mighty subject, lives and dwells with him, how overwhelming are the obligations due from him, to his botanic friends who have stood by him, through good and evil report, and borne with him the heat and burden of the day. Your book appears to be indispensable for the holders of Thomsonian rights, particularly for young practitioners. Will it meet the approbation of Dr. Thomson and his General Agents? For the good of the cause I hope it may. Keep off the collar and yoke of mental slavery under all circumstances. Hear patiently all sides and then decide with candor. Let truth and mental charity do their perfect work. They must prevail and render you an honorable protection.

I have written freely—all that is asked is a candid reception. Most fortunately, the arrival of your volume found Dr. D. F. Nardin, of Nashville, here on a visit to his friends. He will have the perusal of your book, with a request to forward you his opinion immediately. Remember me respectfully to your amiable lady.

With unfeigned sincerity, your obliged friend and cordial well-wisher.

ROBERT HEWES.

HAMILTON, *December 8th*, 1834.

R. HEWES, Esq.

Dear Sir:—Herewith I return you Dr. Hersey's "Mid-wife's Practical Directory," which you did me the honor of the chance of a perusal. I have with pleasure availed myself of the favor. Time and circumstances would not

permit me to give the work that faithful and critical examination I would have been glad to have given it; but I am happy to say, that though my perusal has been hasty, and rather disconnected, having at the time much business to do, that the work of Dr. Hersey is an invaluable work, as far as I am able to judge. It would appear to me, Sir, that this work will be one of the greatest pillars that could be added to the substantiality of Dr. Thomson's system. The need of such a work cannot be called into question; for it has been felt in every place where Dr. Thomson's system is known. Dr. Thomson promises *verbal instructions* on the subject on which Dr. Hersey has treated. No doubt then that Dr. Thomson felt that his invaluable system was wanting in this particular; or else he never would have promised to give verbal instruction upon the subject. Hence, I presume, that Dr. Hersey will not be considered by Dr. Thomson as an *innovater* or *improver*, but a *finisher* to his grand design. Hero, then, I hope that this little work will be taken under the protection of Dr. Thomson, as an indispensable auxiliary to his works. Dr. Thomson tells us, that he has not words to express himself upon the subject treated of by Dr. Hersey, and for that reason has withheld from us much valuable instruction, for *want of words*. Dr. Hersey then steps up, and in a masterly manner, gives it to us; not only so, but he has added his own experience and practice; and laid before us in a very plain and concise form, the experience of many years of practice and reading.

While I doubt not that Dr. Thomson will see with pleasure that finishing stroke to his system, I KNOW that by far the greater number, I was going to say, every Thomsonian, will hail this little volume with acclamation of joy. Dr. Hersey has treated his subject in a true Thomsonian style. One proof to me, that Dr. Hersey had no intention of injuring Dr. Thomson is, that without the works of the latter the former is in a great measure useless: therefore it cannot be said that Dr. Hersey wishes to infringe upon Dr. Thomson's right. I hope, Sir, that this solicitude I betray, will not offend you. But it does me much pleasure to see that Dr. Thomson, for *once*, has found an honest and able help-mate to sustain his cause.

There is another reason for the utility and necessity of Dr. Hersey's work, which is this, viz: *The promised verbal instructions upon obstetrics have never been given in one case out of a hundred where they were demanded!* and the worst consequences have resulted from this. I could myself cite examples of this! What is the reason of this will you ask? I can answer, *cupidity!*—*cupidity* on the part of those Dr. Thomson had placed over his business. We have heard Dr. Thomson say that he wanted none to own his rights but men of good common sense and intelligence; but, Sir, how well has he been obeyed? When a man comes to an agent, or sub-agent, with 20 dollars in his hand, or a note well secured, he gets a right, no matter whether he can tell his right hand from his left, or knows his A B ab! This has a great tendency to depress the credit of Thomson's system; every body knows this, for it is the general complaint wherever the system has spread. But this has nothing to do with the business before us, except to show, that money has been the object of many of those who have been connected with the business, more than humanity. But you may ask me, how did the cupidity of those persons bring calamity upon you? I answer, by not fulfilling their promise of *verbal instruction* upon obstetrics. Ignorance made us have recourse to the killing practice of Calomelians, and we were severed from a lovely and affectionate companion; when, had we have had the privilege of *buying* this information Dr. Hersey now offers to us, we certainly could have saved all these direful consequences! I am well assured that hundreds are exposed to the same danger from the same reason,—yes, I know this to be the fact. I have known men to travel for days, to come to some persons who were capable of giving these long promised verbal instructions, and go back without them! I am certain if Dr. Thomson's "New Guide" ought to be in every family, that Dr. Hersey's "Midwife's Practical Directory" ought to be there also. The one should never enter into the family without the other. I would not wish to be understood that the above reflections apply to Dr. Thomson's present agents. The work was begun wrong, and they could not have mended it. Nothing could have repaired the fault

first committed by the general agents, but a work similar to the one in question ;—for it at once takes a burden from Thomson's agents that could not have been borne by them.

It would be premature in me to say any thing respecting the ability of Dr. Hersey ; as a writer, he is known all over the union for his chaste, lucid, and plain style. The work before us is, as far as practicable, devoid of technicalities. Yet as the subject necessarily required the use of words, not understood by many in whose hands it must fall, I think, that a glossary would be of a great use, if added to the work. As a practitioner in medicine, Dr. Hersey's long experience must prove a warrant of his superiority of skill. His adoption of the Thomsonian system, so contrary to the old practice he had previously embraced and inculcated into his mind, must also show a greatness of mind, and his love for truth, his philanthropy, and unprejudiced disinterestedness, almost surpassing human nature.

With these views I have the most sanguine hope of the success of the work ; and I hope it will prove as beneficial to the human race as I promise myself that it will.

I am, Sir, with respect,

Your humble servant,

D. F. NARDIN.

HAMILTON, O. Dec. 25, 1834.

Dear Sir :—I have recently read with great satisfaction a volume written by yourself, entitled, "The Midwife's Practical Directory,"—and believe me, Sir, without the least shadow of flattery, I consider it the best production of the kind, that it has ever been my lot to examine. It is particularly an important work for the Thomsonian practitioner, for whose use it appears to be more specially intended.

Your little volume supercedes the necessity of the time, labour and expense of pouring over the voluminous works of Denman, Baudelocque, Dewees, Gooch, and others. A person by becoming well acquainted with Dr. Thomson's practice, and then with your work, may venture on the practice of midwifery with a flattering prospect of success.

The requisite knowledge is not to be obtained merely by reading it over once, and then to think we are masters of the subject; but I perceive it requires to be read with deep attention again and again. To the inquiring student it will, at each reading, unfold more and more of its beauties and its worth. To the experienced Thomsonian practitioner, who has a mind intent on philosophical research, it will be an invaluable acquisition. It will establish truths on his mind that he may before have been inclined to believe; and unfold new subjects of reflection, over which he may never before have successfully extended his enquiries. It affords me pleasure to entertain the hope, that ere long your production, which is full of original matter, will not only be in the hands of every Thomsonian, but particularly of every enlightened female in the land; when they shall have given it a candid perusal.

I hope no one will say, that you have trespassed on the rights of Dr. Thomson; but that you have honorably built up and sustained his system of botanic practice; that you have ably filled a vacuum in Dr. Thomson's works, which all competent judges must admit—it was of immense importance it should be done. I anticipate, in a subsequent edition, full instruction for the preparation of certain prescriptions, to the secrecy of which you ingeniously state your own aversion, as being at variance with the object for which you have written.

Believe me, Sir, to be yours, with the highest degree of friendship.

ROBERT TALBOTT.

NORTH BOSTON, ERIE CO., N. Y. }
 February 2, 1835. }

Dear Friend—Yours of the 25th ult. was received at the P Office, by Jonathan Swain, a botanic member, with your treatise on Midwifery, with a promise to the Post Master to deliver the same to me immediately. However, he did not regard his promise as he ought to have done, but opened the letter, kept it concealed, got the book bound, and kept the whole a secret from all our botanic friends. This circumstance has caused us trouble and delay in making a communication to you. Be assured, dear

friend, your letter has warmed our hearts, and we hope and confidently believe will stimulate us to greater exertions in the great reform. Your little volume was received with gratitude, its contents perused with heartfelt joy, by those who have had the opportunity. It has been examined by Drs. Falkner, Blanchard and Smith; and also by myself, and by a Mrs. Smith, a lady of intelligence and respectability, well qualified to judge of such a work. You may be assured, dear Sir, we give the work our most unequivocal approbation. We feel grateful to you that you have placed in the hands of the Thomsonians, such an invaluable prize.

Most respectfully, your friend,

ELIAS LAZELL.

NORFOLK, VIRGINIA INFIRMARY, }
January 1, 1835. }

Dear Sir :—Yours of the — ult. came duly to hand, together with your system of Midwifery. I had it neatly bound and gave it a perusal, and consider it an important acquisition to the Thomsonian or Botanic cause. I rather prefer it to Howard's work on the same subject. Had it a few plates, I should greatly prefer it. We have been very patiently waiting upon the old Doctor for the fulfillment of his promise relative to such a work; and really think it justifiable that he should have been anticipated in it. Under existing circumstances, we rather applaud than deprecate. Our Thomsonian community have suffered the want of such a work long enough; and will, I have no doubt, (provided money on your part is not the object entirely,) readily receive it. If the price is reasonable, I can dispose of many copies for you, being well acquainted with all our botanic societies; and if you are disposed to forward to me a few copies, I can sell them. We will be pleased to hear from you any time, more particularly if any great change has taken place in Thomson's ministry or cabinet.

Yours very respectfully,

THOMAS NASH.

Dr. T. HERSEY.

HAMILTON, *February 14, 1834.*

Dear Sir :—I have just finished reading your little work on obstetrics, and have soized my pen to acknowledge you as one of the benefactors of mankind : but while I pause for a suitable eulogy, the thought strikes me, that I need not eulogise, for the work itself will praise you when your bones shall be mixing with their mother dust. Permit me however, to say, that it is the best work I have ever seen on midwifery, and I think that a copy of the work should be presented with the *Narative, Guide.* and *Robinson's Lectures* to every purchaser of *Dr. Thomson's family rights*. As the work is a genuine Thomsonian, it must be a powerful auxiliary in completing the system of medical practice that will forever bear the name of our great botanic reformer. Nor am I alone, for every genuine, unyielding, uncompromising, faithful friend of *Dr. Thomson* and his botanic system, that I have consulted, joins in opinion, that if the *Dr.* would obtain your permission to present us with a copy of your book, it would be just what the friends of the system have looked for, and rejoice to see. If such a compromise should take place between you and the Doctor, I would willingly wind up all other business, and spend my time in trying to vend *Thomson's family rights*.

I am acquainted with some who are Thomsonians in every respect till a child is to be brought forth, and then the diplomatic pretender to superior knowledge is called in, to the disgrace of our professed faith in the Thomsonian system : And then the poor female must suffer the lancet, swallow opium, and endure the curses of that system of practice that has so long been taught in the popular medical schools.

I am pleased with your design of confining the obstetrical practice among the fair sex. I give it as my opinion, that your book is no intrusion upon *Dr. Thomson's* patented rights and privileges, as it cannot be completely understood by those who are without the *New Guide to Health*, as your prescriptions are generally in *Thomson's* own language. Now, *Sir*, I do hope that the venerable founder of the system may know the interest of himself,

and the botanic fraternity at this important crisis, and act accordingly.

I am, Sir, your sincere friend,

JEREMIAH DODSON.

WORTHINGTON, *April 3d*, 1835.

DR. T. HERSEY—

Sir:—I have perused, with care and much satisfaction, your work on midwifery, called “*Woman’s Friend* :” I consider it a valuable work; and one well calculated to meet the wants of the Botanic fraternity. It is true, that, compared to popular works on the same subject, coming from the old faculty, it is small and somewhat limited; but it must be remembered that their works are swelled to an enormous size, by the useless speculations and numerous errors which they contain. Your work contains all the important facts connected with the subject, and treats them in a plain and comprehensive manner.—When I reflect upon the numerous evils which inevitably grow out of the common practice, in this particular branch of it; when I discover the necessity for the use of instruments in such cases, produced so often by bleeding and other debilitating means, used at such times; when I reflect upon the amount of human life which has been sacrificed to an unreasonable and irrational practice; and above all, when I see the safe and efficacious effects of Botanic remedies, in the like cases, I cannot but congratulate that man who steps forward and attempts a radical change in this important department of medical practice.

The remedial measures which you recommend, are, so far as my own experience enables me to determine, of the safest and most efficient kind, and act in perfect accordance with the natural laws of the system, as well as with all correct principles. There are but few cases with which the physician has to deal with, that more imperiously demands the use of remedies calculated to support the system, than those of women in labor; and there are but few, if treated at all by practitioners of the common schools, which are treated in such direct opposition to this all important and natural indication. The means which you

recommend, are all of the raising or supporting kind.— They are such as may be given with the utmost safety ; and as a general rule, with the very best effect. Under such treatment, the necessity for operating, I am confident, would seldom if ever occur ; and much of the suffering and dangers of child bearing would be obviated.

Finally, I think your work admirably adapted to the important purposes for which you designed it : and I sincerely hope that many will avail themselves of a knowledge of its highly interesting and useful contents, and that you may receive something more than a mere pecuniary reward for your labor.

With much respect, I am your very humble friend,

D. L. TERRY, M. D.

BALTIMORE, FAIRFIELD Co., O. }
April 15th, 1835. }

TO DR. T. HERSEY—

*My dear Sir :—*I avail myself of a favorable opportunity of private conveyance, to address you by letter. Your “Midwife’s Practical Directory, or Woman’s Confidential Friend,” which you had the goodness to present for my perusal, is worthy of the title that you have given it. You have conferred an obligation that demands a courteous acknowledgment of so unequivocal a pledge of your personal friendship, and of your confidence in my judgment and integrity.

I have bestowed upon your work a critical and impartial examination. Typographical errors are by no means as numerous as might have been reasonably anticipated, considering the difficult circumstances in which you were placed. Sickness, fatigue, and night watching in your family, during the entire period of its preparation for, and issuing from the press, would be an abundant apology for more and greater mistakes in that respect, than I have been able to detect. It is a neat little volume, and contains much in a small compass. Its mechanical execution is such as not to be any disparagement to the work or to the workman.

As to the intrinsic merits of the work, though I have been trained and graduated in the Medical University of

our State, I have had some strong predilections for botanical remedies. I have no hesitancy in saying, that I highly appreciate the talents and skill of a number of my scientific friends, who have gone more devotedly into that mode of practice than I have done, and who very probably are more exclusively engaged in that particular interest, than I may ever be.

I have long rested on this conclusion, that I will not censure an honest, intelligent man, on account of his peculiar sentiments on medical subjects, when I do not, and cannot discover any particular danger, or disastrous results of his practice. With prescriptions that I am unacquainted with, or modes of treatment of disease to which I have been unaccustomed, I do not feel prepared to censure or applaud, to accomplish any sinister purpose, as too many are inclined to do. No merely selfish motive shall blind my eyes, deafen my ears, or harden my heart, against the testimony of my own conscience: believe me, therefore, to be candid and fearless, in expressing my honest conviction in relation to your book, and its comparative merits. As a manual of practical midwifery, it cannot fail of being extensively useful, not only for concise and intelligible instruction for the student, but as a convenient pocket volume, well calculated to refresh the recollection, and be a kind of ready reckoner, and interesting counselor in the chamber of labor and travail, from which experienced practitioners may glean many useful hints, placed before them in a clear and interesting light.

Your descriptions of the organs of generation, appear to be remarkably accurate and explicit. Your careful attention to the explanation of technical terms, however unimportant to the scientific physician, must be an acceptable consideration with all common readers. Your style cannot fail to please the lovers of a chaste, lucid, energetic mode of composition. There is an unusual share of originality in this production of your busy mind, for a work written on a subject that has employed so many pens since the revival of literature.

Your book must be a valuable confidential companion to married ladies, who anticipate the time of being mothers. In single life, how much better to have female minds

stored with your useful instructions, than to be gorged with fulsome tales of disappointed love, violated vows, courtships, seductions, &c., that never existed, only in the soarings of a vain imagination.

You have justly entitled your little book "Woman's Confidential Friend."

Many voluminous works, containing useful and extensive information, diffused over numerous pages, have most of their distinguishing excellencies compressed and comprised in a small duodecimo form, convenient for the pocket or the reticule.

I perceive that an hasty, superficial reading, can never make a person thoroughly acquainted with the merits of the work. The oftener it shall be read, the more heartily will it be approved by all competent and impartial judges.

Practitioners of medicine should so understand their business, as not implicitly to adopt the prescriptions of any man. They should be able to investigate understandingly, weigh circumstances, facts and arguments correctly, and decide righteously.

On the doctrine of conception, as you have explained it, if I should not obsequiously acknowledge myself fully disciplined into your particular faith, I will readily admit, that the points assumed are somewhat ingeniously sustained; and that you have shed rather a novel light on your own side of the question. I am not disposed to deal in contradictions without provocation. It is a subject of importance, requiring philosophical research. I intend to investigate the doctrine more attentively than I have yet done.

Your long and successful experience in obstetrics, and unquestionable disposition to lead your readers correctly; your extensive reading and various acquirements on this and the auxiliary branches of medical science, have abundantly qualified you for the service you are now offering to the community—more especially to confer friendly and important instructions to the fair sex.

The work is certainly entitled to a candid and honorable reception, and cannot fail of being hailed as an important appendage to the common stock of information on the subjects you have embraced.

Your attachment to the Botanic cause, may subject you to the sneers and censures of some of your literary friends; but men of a gentlemanly disposition, who know how to appreciate worth and talents for their inherent value, will always rise superior to such uncivil and irrational prejudices. Differences of opinion on medical, philosophical, and other speculative subjects, should never be suffered to become the occasion of personal hostility, or of any unpleasant feelings; or induce any man to withhold commendation where commendation is due.

Happy in the opportunity to bear testimony to the value of your literary labours, as exhibited in the work of which I am now speaking, I am equally happy to assure you, that if these approbatory sentiments, I have so freely expressed, can be thought of sufficient importance to give any impulse to the circulation of so valuable a publication, every syllable is at your entire disposal, as may best subserve your private interest, and the health, comfort and safety of society.

Respectfully your friend,

WM. M. P. QUINN, M. D.

A correspondent under date of Springfield, Ohio, July 7th, 1835, observes:—

*“Dear Sir,—*With profound respect and esteem, I embrace the present opportunity of returning to you my sincere thanks for the many favors you have conferred. I received your friendly communication of January last, also your work on Midwifery; which you gave me some knowledge of when I was at Columbus last. I gave it a thorough perusal immediately, and let many others have it to read. It has been hailed as the top-sheaf of Dr. Thomson’s system of practice—the necessary thing that we have long been looking for from the Doctor himself. But it appears that we have long since been in possession of the promised information on obstetrics, although he has excused himself by telling us, he had not words to convey the necessary instruction; and it is even possible that, in this matter, there might have been a lack of experience,

as well as words. For my part, I consider 'the Woman's Friend' an excellent work."

Our correspondent further remarks, "It appears to me that Dr. Thomson intends to yoke every one, if possible, that has enlisted in the botanic cause, fast down to what he styles his *perfect system*—but this will not do—there is much yet to be done, before his system shall arrive to the zenith of its deserved glory. We need schools to give it celebrity, and more men of talents to give lectures, and all useful instruction connected with it. It has been placed before the public long enough, that any person becoming acquainted with his books, is perfectly skilled in the healing art, midwifery not excepted. I am acquainted with men who have had a right for using his medicine for many years, who know very little about his practice more than a school boy. This inadequacy I attribute to negligence, more than to any particular defect of the system. However, I think censure must fall somewhere, for disposing of books and rights to so many persons who would not, or could not acquire their master's knowledge. So it has been, that any one that would raise, or consent to raise twenty dollars for the patented privilege, could raise the smile of approbation with the conductors of the concern, and obtain a right without demur.

I. G. H."

ROCKVILLE, IND., July 5th, 1835.

TO DR. T. HERSEY:—

Dear Sir—I have recently received and read with great satisfaction, a small volume written by yourself, entitled, "The Midwife's Practical Directory, or Woman's Confidential Friend." I believe it to be the best work of the kind that has ever come into my hand. It appears to be particularly adapted to the Thomsonian system. I would most seriously advise every Thomsonian to procure a copy. I am persuaded they will never throw it away as an useless piece of property, but will prefer it to gold or silver far beyond its cost.

Yours respectfully,

JAMES WATERS, T. B. P.

EDITORIAL NOTICES.

In the 12th No. of the "Botanic Watchman," vol. 1, Dec. 1, 1834, the much esteemed editor, Dr. John Thomson, has given us a passing notice, that we are happy to transcribe. He heads the article thus:—

"IMPORTANT TO THOMSONIANS."

"We have just received from our esteemed friend, Dr. Thomas Hersey, of Columbus, Ohio, a neat little volume of upwards of 200 pages, entitled, "The Midwife's Practical Directory, or Woman's Confidential Friend; comprising extensive remarks on the various casualties and forms of disease, preceding, attending, and following the period of gestation: with an appendix. *Designed for the special use of the Botanic Friends of the U. States.* By Thomas Hersey; practising physician of the Botanic order, formerly surgeon in the United States' Army, &c."

"In glancing over the work, we think it will be a valuable acquisition to all Thomsonian practitioners, and those who have family rights, for whom it appears expressly designed: and we are in hopes our friends will avail themselves of the earliest opportunity to procure this valuable work. The following is the Doctor's *dedicatory notice*:"

"*To whom it may concern*: Know ye, that this little volume, entitled, "The Midwife's Practical Directory, and Woman's Confidential Friend," (the result of long experience and extensive observation,) is cordially inscribed to our Thomsonian brethren in these United States, *generally*, and to the numerous, intelligent Thomsonian sisterhood, (in their respective families,) *especially*, as a token of our devotedness to the principles that regulate the Thomsonian system of Botanic practice, and of the profound respect and high consideration we entertain for all who, like ourself, have embraced this medical reformation kind Heaven has conferred on the sons and daughters of humanity.

Respectfully submitted by the author,

THOMAS HERSEY."

COLUMBUS CITY, O., Oct. 1st 1834.

NEW WORK.

In looking over the "Eclectic Journal of Science," edited by our intelligent and much esteemed friend, Dr. WM. HANCE, of this city, we notice an editorial article in the 76th No., under date of January 17th, 1835, which has arrested our attention. Under existing circumstances, it denotes much candor, independence and nobleness of soul, that commands our respect, and loudly demands our impartial and honorable imitation.

Under the above head, ("*New Work*,") the editor observes, "We are indebted to the politeness of the author, for a small work of about 200 pages, entitled the "*Midwife's Practical Directory, or Woman's Confidential Friend*; by Dr. T. Hersey, of this city, and formerly editor of the *Thomsonian Recorder*. We have not given the work a formal perusal; but judging from what we have read, as well as from the character of the author, we have no hesitation in saying, that it is well calculated to supply the deficiency long felt by such as have purchased Dr. Thomson's "*New Guide to Health*." For such, indeed, it seems principally intended; and we have no doubt they will regard it as a valuable acquisition; *nor could any thing else, in our opinion, so much facilitate the sale of Dr. Thomson's books.*"

P R E F A C E.

SINCE so many books have been published on Midwifery and the practice of Medicine, the reader will naturally inquire, why we have now presented ourselves before the community, and invited attention to the labors of our pen ?

We answer, 1st. As relates to the Botanic practice of Medicine, we belong to the Thomsonian school ; and wish to see the principles that have ever governed the Thomsonian practice, extensively prevail.

2d. The forms of disease to which women and children are more particularly liable, have been but slightly touched by the great founder of the new botanic practice.

3d. For many years the "New Guide to Health" has been extensively circulated in these United States ; and the practice has been committed to so many hands, there has been a constant accumulation of information on the subject.

4th. There is no publication has ever appeared, since the development of the Thomsonian system,

in which the application of that system to the peculiar difficulties attendant on child-bed women, and the diseases of infancy, has ever been particularly and extensively noticed.

5th. We have noticed with intense interest the declaration of Dr. Thomson in the first vol. of the Recorder, p. 20, viz: "The call for the Convention is in consequence *of a wish on my part*, of enjoying the heartfelt satisfaction of seeing a living representation of my numerous and distant friends, and to concentrate, as it were, the *now scattered information, knowledge, and talents*, the better to enable me, more satisfactorily, and for the greater benefit of mankind, to complete the work in which I am now engaged, namely: *a complete revision and illustration of my theory and practice of medicine in all its various branches.*"

6th. It is to this promise of *revision and illustration*, every eye is now turned with deep solicitation. Two years have rolled away, since that pledge was given, that has roused our expectations, fed our languishing hopes, animated our zeal, and inspired a lively confidence.

7th. We think the man who has done so much in bringing about so extensive a reformation, in such troublesome times, and laboring under such

complicated disadvantages, cannot fail to do more, in better times, with such an host of talented, worthy, and influential friends, as have now come over to his standard.

8th. For ourself, we have no extraordinary pretensions. It is not with a view to supercede, but to encourage the labors of our illustrious reformer, that we have employed our pen on the present emergency. We know the constitutional sentiment, that we consider paramount to all obligations as Thomsonians :—"There shall always be a full communication of important discoveries or improvements in this system of medicine between its members"—"It shall also be incumbent on each and every member of this society, to impart to each other all such information and instruction, relative to the general practice, as may serve to promote and advance the most efficient knowledge of the healing art."

9th. Having been more than forty years a practitioner of the old school, with a strong predilection for botanic remedies ; and having long since embraced the Thomsonian system ; twice presided in the U. S. Botanic Convention ; and for two years been senior Editor of the Thomsonian Recorder ; and for the same period Secretary of Ge-

neral Correspondence to the U. S. Botanic Society, we have thought we occupied a situation in which we could collect important information, though widely scattered: we have found ourselves as constituting a common centre or focus of social communications, where the rays of scattered light would naturally be collected.

10th. During this period a heavy burden has fallen to our lot. Applications and solicitations on these subjects have multiplied exceedingly. Such applications have been promptly attended to at the expense of time, labor, and study, without a shadow of remuneration, while surrounded by a dependent family who were looking to us for daily subsistence. Our eye has been single to the advancement of the cause, while grappling with pecuniary embarrassments, which though not always insupportable, would by many have been accounted oppressing. We claim an acknowledgment of being uninfluenced by sinister and speculative motives.

11th. Being no longer able to sustain such a correspondence, to the same extent as formerly, and the demand for information continually increasing, and the importunity of applicants pressing in the most urgent terms, we have come to the

conclusion to furnish one general answer to this class of correspondents, that on these points we might measurably close the concern.

12th. When the 9th edition of the New Guide was published, at the suggestion of Dr. Thomson's General Agents in this City, we subjoined an Appendix of 116 pages. Four thousand copies were printed; one thousand copies were bound. The Agents then thought proper to consult, more minutely, with Dr. Thomson; accordingly a printed copy of said Appendix was forwarded to him in Boston. By Mr. Knealand (his general agent in that city) we were apprised of Dr. Thomson's views of the subject. He did not disapprove the Appendix, but preferred to have it circulated in pamphlet form to having it bound and circulated with the Guide, as constituting a part of that volume.

13th. We were apprehensive that the doctor's real motives in this advice, arose from the fear, that so many alterations, as had obtained in the Guide, in its successive editions, that to attach an Appendix, equal to more than one-third of the whole volume, might invalidate the original copyright, by presenting quite a different book. Accordingly, the Appendix was disposed of in a sum-

mary manner. Only a few of the volumes, if any, that had been bound previous to consulting the doctor, were ever put into the hands of Agents.

14th. That Appendix is virtually included in the volume now offered to the public. The part of the Appendix to the Guide, which treated particularly of Midwifery, was an abridgement of the original work as far as it was then in manuscript. To that original work, such alterations, enlargements and improvements have been made, as we have thought best calculated to render it extensively useful.

15th. We have not conferred with the General Agents relating to the publication of this work. If there be any great responsibility attached to the measure, independent of the importance of the subject, they are very happily exempt. The work is our own; the labor is our own; and no portion of the expense of publication devolves on any one who is not willing to sustain it.

16th. We know such a work is greatly needed. To have kept silent any longer on the subject, would have been an indirect insult to the feelings of thousands. We have attempted to discharge an obligation due to humanity, and to evince that respect for the Thomsonian sisterhood, which they

had a right to claim : under existing circumstances, the call for this work has been irresistible.

17th. It must be admitted by every reflecting mind, that it is most congenial with nature, that in many cases of disease, males should attend on males, and females on females : But in every case it is most natural that in every thing confidential, the husband should wait on the wife, and the wife on the husband. They can enter into each others feelings with more plainness, and more intense sympathy, than others.

It is to be regretted, that in the present state of society, multitudes are so incompetent to the performance of these services, that, in many cases, are indispensable. In many instances, they who know the least fear the least ; which is a fruitful source of mischief. There are many persons of good sense, and well informed, who, when sickness, distress, and danger, invade an affectionate wife or beloved child, lose much of that presence of mind ; that calm, collected resolution the emergency requires. It is a dictate of humanity, and most congenial with every moral feeling, to seek relief from those whom we honestly believe are best qualified to render the necessary service.

This little volume is intended to be a messenger

of mercy to the afflicted. Every person having a family, whether male or female, would find an advantage in making themselves thoroughly acquainted with its contents. Young persons of sound discretion may reap much advantage by a faithful and candid perusal of our pages. We intend to be a confidential friend in times of sickness and danger. The simplicity of the botanic practice is such, that any person of common strength of mind and common education, may easily become competent for administering medicine, or affording manual assistance, as far as needful to a woman in labor.

The reader will notice that we have recommended the external use of Col. Jewett's Lini-ments, which have recently acquired considerable celebrity among those acquainted with their effects, in often relieving headache, arresting diarrhœa, and equalizing circulation in the vascular system, in the most sudden manner we have ever known. These facts which have become highly interesting, has been our inducement to refer to those preparations, without giving details how they are prepared. This we could not do satisfactorily, without measurably invading the privileges assumed by our friend. An oleagenous so-

lution of gum elastic, forms the basis of these preparations, with which the Thomsonian medicines are pharmaceutically combined, and externally applied; while the same medicines in their usual form are invariably administered, and the effects in removing disease, is frequently astonishing.

Great originality in the general tenor of such a work, cannot be reasonably anticipated. We have endeavoured to collate, collect and condense, from the ablest authorities accessible, the best and most necessary information. We have quoted freely, and when practicable have endeavored correctly to mark our quotations. Brevity and utility have been our invariable design; and if it meets the approbation of our botanic friends, it will be the most satisfactory remuneration we can possibly anticipate.

Columbus, Oct. 1, 1834.



PREFACE TO THE SECOND EDITION.

THE first edition of this work was presented to our Botanic brethren and sisters with much diffidence. Its favorable reception, and the continually increasing demand, has induced us to publish a second edition. Several improvements have been attempted, with a view to facilitate the acquirement of that information it has been our object to communicate. The work is here divided into chapters—several important notes have been added to certain sections of the work—a glossary has been appended to this edition, in conformity to the suggestions of several literary friends; and the mechanical execution has been so improved, and such a number of valuable plates have been added, that we rely with confidence on the continued approbation and patronage of the brotherhood. If the attention of our fair sisters shall be more effectually drawn to these delicate and interesting subjects by our instrumentality, the main design of our labor will be accomplished.—Success in this great design will furnish matter for

agreeable reflection, during the short period we may survive the ravages of our advancing years—and we anticipate the benedictions of the humane, virtuous and intelligent may rest on our memory, when this earthly house of flesh and blood shall be consigned to its native elements.

In this edition we have retained the original work, with only one or two slight variations; so that it remains essentially the same, with additions and improvements designed to render the whole more extensively useful.

MIDWIFE'S

PRACTICAL DIRECTORY.

CHAPTER I.

1. *Origin of human existence*—2. Mosaic account of creation—3. Sexual distinction—4, 5. Nature and design of marriage—6. The generative process; the production of an offspring, to which is communicated vitality.

1. MAN holds a distinguished rank in the scale of being. To trace the origin of his existence, by the dim lamp of natural philosophy, unassisted by revelation, would be to direct our enquiries into unexplored regions of antiquity, that must forever elude the researches of science and time.

2. Waving all controversy, we would candidly admit, that to us, the Mosaic account of creation, relating to the primitive order of events, appears the most rational and satisfactory, of any to which we have ever had access. However concise the detail of events, in relation to the early state of the world, as given by that eminent Jewish historian; whatever specious objections may be produced to invalidate the sacred story, we are well apprised

of the beclouded apprehensions, sinister prejudices, and moral turpitude of human nature, by which simple truth, of any kind, is too often secluded from the human mind. For ourselves, we bow obsequiously, but not without laborious research, and deep reflection, to the long received opinion, that, "In the beginning God created the heavens and the earth."

3. In relation to human beings, we learn from the same authority, that a sexual distinction in our species, or class of animal nature, is as ancient as the existence of man. This distinction, that has been perpetuated through every succeeding age, commenced with the first footsteps of the march of time. "Male and female created he them."

4. Thus early in the history of the world, it was announced by the author of creature existence, that it was not good that man should dwell alone. He was accordingly provided with an *help* mete for him, *suited* to the exigencies of his nature, and peculiarity of his situation. Hence, by a special constitution, marriage is designed to be an honorable relation, for the regular and judicious propagation of the human species, without disorder or confusion, and under such circumstances of restraint, provisions and indulgencies, as are

best calculated to augment the aggregate sum of human happiness.

5. On this rational basis rests the original mandate, to "*multiply and to replenish the earth.*"—The commandment appears to have been issued in a manner congenial with all the rational and tender charities of life. 'The marriage union is paramount to all the ties of natural consanguinity. No affection for an earthly relative, can be put in competition with that which requires that we should sooner abandon our filial obligations, than abate the ardor of our love, or recede a line from a course of inviolable fidelity, to the chaste embraces and pure affections of a virtuous companion.

6. In the consummation of nuptial confidence, and the felicities *peculiar* to the marriage bed, a consolatory promise is appended to the privilege conferred—by the association of the generative faculties, and concentration of the procreative energies of the sex, in the process of the venereal orgasm, *joint issue* is produced, in which "*they twain become one flesh.*" In their mutual reciprocal commerce, or intersexual communications, they induce a unity of being, which they communicate to, or rather exhibit or produce in one individual person or being. This production is *one*, indivis-

ible person or being, possessed of *one* personal identity, by which it stands distinguished from every other person or being in existence. This individual personal identity of being proceeds from an original, vitalised, and vitalising germ of existence, flowing in the confluent streams of life, of parental origin.

The vitalising spark is from the sire,
The mother feeds and blows the living fire!

CHAPTER II.

7. The growth of the body gradual—8, 9. Intimations of puberty—10. Development of the sexual organs—10, 11, 12. Importance of maturity, &c.—13. A cautionary admonition—14. Of marriage, and the most important qualifications in a female companion—15, 16. The propriety and advantages of early marriages on the part of the female—17, 18, 19, 20, 21, 22, 23, 24, 25, 26. The subject continued.

7. The period of life most suitable for matrimonial alliances, it may be somewhat difficult to adjust and determine, with a precision capable of affording general satisfaction. The growth of the body, the development of its organic structure and sexual functions is always gradual. Some acquire a much earlier maturity than others.

8. The intimations of puberty, common to male and female, are a certain improved maturity of countenance, that the eye of a physiognomist can more easily discern than his pen can describe. The puerile complexion is exchanged for a visibly improved condition—the animation and expression of countenance; the graceful adjustment of the features; the attractive attitudes; the sensibly pleasing increase of intelligence, animation and agreeableness of conversation and general deportment; the more vigorous, settled expressive modulations and tones of voice, in their colloquial intercourse; and new perceptions of sexual passions, and emotions of heart that love inspires, announce the arrival of that change which our common nature undergoes, in its progressive evolutions, from childhood, through ripening years, to the soundness and maturity of incipient manhood.

9. In the fair sex, the mount of venus, as the parts situated above the genital organs have been designated, become more prominent, and the natural ornamental covering appears. We notice also, in females, their breasts become more sensibly enlarged, and present indescribable charms, and attractions peculiar to that period; and their menses begin to flow. Males, ^{at} a similar period, be-

come capable of seminal emissions. The whole appearance, in these cases, is that of a YOUNG MAN or a YOUNG WOMAN, according to their sex.

10. No one should indulge an anxious desire for the nuptial bed, until the sexual organs be completely developed : they should have acquired a perfect maturity, or full capacity for their respective functions; not merely a capability of procreating, but a full adaptation of all the parts to sustain all consequences without injury. On the part of females, not only the generative faculty is indispensable, unless some special cause of sterility exist, and a capability of enduring the process of uterogestation without injury to the system, or the impairing of the general health.

11. When the genital organs are prematurely urged into exercise by ornanism, illicit commerce with lascivious *demireps*, or too early a rush into the bonds of matrimony, all the powers of virility will be subject to an early blight.

12. An elegant and interesting writer makes the delicate and impressive remark, that, "when any function is prematurely urged, it leads to the imperfection of the product, dependant upon that function ; as well ^{as} entails upon the parts so exercised, debility and premature decay."

13. While we thus candidly suggest the impropriety of a premature adventure in Hymen's silken groves, and admonish unwary youth, presenting for their solemn consideration, a formidable objection against a wanton indulgence of the premature solicitations of libidinous passions to the high and honorable privileges of wedlock, let no heedless, unreflecting mind, turn away offended at our friendly admonition.

14. While we urge the propriety and importance of these remarks, let no one imagine that we indulge in a censorious aversion to early marriages. When the young man has arrived to full manhood, and acquired a competent knowledge of the world, and the means of an honest and comfortable subsistence, and no forbidding circumstances obstruct his course, let him marry—always using the precaution to make a judicious choice, preferring habits of industry, economy, cleanliness, good humor, and unsullied reputation, to all other accomplishments the world can bestow, or a woman possess.

15. In relation to females, should we be allowed to exercise a freedom of opinion, we would sincerely contend, that the young woman of eighteen or nineteen years of age, who has acquired the usual qualifications of her sex, is commonly,

as eligible for a companion, to a person whose age and circumstances are suited to her own, as she probably ever will be.

16. By early marriage, the female escapes many snares and temptations incident to her rising years. If she has given due diligence to cultivate her mind, her exterior charms of countenance, complexion, and general animation, will have gained their summit. All that is fascinating and lovely in a female, that she ever will possess, is, commonly, at that interesting period, fully at her command.

17. If her reputation remains unsullied amidst the storms, the tumults, the dangers and disasters of this perilous world ; if the holy font of virginal purity remains unsealed, unscathed by libidinous indiscretions, and lecherous rapine of lascivious instruments of unrighteousness, she will have power to command the respectful homage and affectionate consideration of the man of taste, intelligence and honorable intentions.

18. A female having gained a period of life suitable for the marriage state, under such propitious circumstances, as we have named, and given her heart with her hand to him whom she has promised to treat respectfully, as a husband, may indulge in some pleasing anticipations. Should concep-

tion succeed copulation, the season of gestation will pass away with far less difficulty, suffering and danger, than could have happened under different circumstances.

19. But there are still further advantages resulting from such a favorable combination of incidents. In all ordinary cases, when the hour of parturition arrives, if she has been discreetly managed, the proverbial sorrows of child-bed will be half removed.

20. Another circumstance, worthy of deep consideration is, when a child is born of a young and healthful mother, she may more rationally, and hopefully, notwithstanding the precarious tenure of human life, anticipate the day when she may, possibly, see the son of her womb, a man of intelligence, reputable and influential in society, a pillar in church and state.

21. If she has given birth to a daughter, she has an animating prospect, that under the smiles of a munificent Providence, she may see her climb the hill of life up to womanhood—that she may see the blushing rose of fascinating beauty bloom on the lovely face of her delicate offspring, before all the sweet charms that decorate her own fair cheek shall be nipt by the frosty hand of time, or tarn-

ished with the blighting influence of hoary headed years.

22. This daughter, born of a young, intelligent mother, may find in her a companion and valuable associate. She will mingle in the same convivial circles; partake the benefit of her judicious examples; which, added to her virtuous and interesting precepts, will be to the girl an arm of powerful protection.

23. In vain the spoiler makes his assault. The fair charter of her virgin purity, unsoiled by indiscretion, blear-eyed jealousy cannot raise the fever of suspicion. Without any laborious effort to maintain her authority, we behold this mother, by a law, as natural as that which regulates the onward passage of all rivers to their mother ocean, begin while living to command her household; the influence of which will be perpetuated to successive generations.

24. Fair daughters of Columbia, these are some of the inducements that invite you, in due season, to the nuptial bed. With married persons, something like an equality of years appears most natural, though circumstances may sometimes admit of wide deviations from what we should recommend as a more general rule. Yet we will ven-

ture to affirm, the man ye are bound to obey, should be able to claim priority of years; for, the order of nature appears to be rather inverted and deranged, when the elder serves the younger.

25. On the other hand, it is unnatural to see the blossoms of May, appended to the frosts of December. But affection, cordial, ardent and sincere, will sometimes arise between male and female, where there is a great disparity of years—affection, over which, the cold calculations of philosophy have but little apparent control.

26. One remark more on early marriages, and we pass along. We know there are some

“Marble forms,

That no melting passion warms.”

Their stoic minds may not feel the force of our argument; but to the humane, generous, ingenuous and benevolent, we shall make the appeal. By an early association with the man of her choice, in the holy bands of wedlock, the amorous, lovely, fascinating girl, escapes a long train of disease, that in afflictive forms, are incident to the necessary concealment and suppression of excitements unindulged; propensities, which in no other circumstance can be innocently gratified. These are not the

“ Logs of green wood that quench the coals,
 Who marry just like stoic souls,
 With oziars for their bands.”

CHAPTER III.

27. The commencement of the menstrual period—28. Retention of the menses, chlorosis—29. Bucan's opinion of exercise in chlorotic cases—30. Derangement of female courses, how occasioned; the general effects, and how such cases should be treated.

27. Waving all these speculative animadversions, we will go back with our female enquirers, to their early teens. About the age of fourteen, is a common period for the *menses* to begin to flow. This discharge is so denominated from the latin word *mensis*—a month—since, in the middle latitudes, this is a customary period with women in health. The *menses* are also technically called CATAMENIA. A menstruous woman is said to have her *turns*, her *terms*, her *periods*, her *sickness*, her *uterine evacuations*, her *menstrual discharge*, &c. Sometimes, in our own climate, nature defers this evacuation far beyond the age we have mentioned. In many instances they occur much earlier.

28. The retention of the CATAMENIA or *menses*, beyond the period in which they would have flown,

had the person been in good health, is accompanied with various phenomena, indicative of functional derangement and general indisposition: lassitude, weakness, inactivity, sallow complexion, wan countenance, dyspepsia, flatulency, inclination for indigestible substances, that are not natural to persons in health to have any desire after—as clay, lime, chalk, brick-bats, bark of trees, &c. This state of the system has been called **CHLOROSIS**, or green sickness.

29. “A lazy, indolent disposition, proves very hurtful to girls at this period.” Dr. BUCHAN says, “one seldom meets with complaints from obstructions amongst the more active and industrious part of the sex; whereas, the indolent and lazy are seldom free from them. These are in a manner eat up by the **CHLOROSIS**, or green sickness, and other diseases of this nature. We would therefore recommend it to all who wish to escape these calamities, to avoid indolence and inactivity, as their greatest enemies, and to be much abroad in the open air.”

30. We would just remark, that we think the doctor's observations are rather too censorious. We have known many instances of deficient menstruation, and catamenial derangement, where the

inactivity and indolence of which he speaks, were evidently the effects, rather than the cause of disease. Stomachic derangement, offensive breath, sour eructations, depraved appetite, and costiveness, demonstrate that disease has extended her dominion wide through the system, and that means should be resorted to, to restore or rouse the defective energies of the impaired functions of the stomach and bowels, and give a new and vigorous impulse to the whole system.—A course of medicine several times repeated—supporting the digestive powers by tonics generally, tonic bitters particularly—not omitting injections, to obviate costiveness, is the best remedial course that can be pursued, especially if accompanied with active efforts of industry, and the exercise recommended by Dr. Buchan.

NOTE—Dr. Gooch remarks, The theory which appears to me the most explanatory and rational is, that chlorosis depends on a want of that constitutional vigour by which the sexual organs may be brought into action; that to this deficiency may be imputed the failure both of their development and functions. At the period of puberty the constitution has not only itself to nourish, but it must have energy to rouse and excite to action a new set of organs; it must supply the materials for an increase of their growth, and all other purposes incident to their function.

“I would ask who are the subjects of chlorosis? are they the robust, florid, active, and vigorous females? No; in such the menstrual function is commonly established in the most favorable manner. The puny and delicate fe-

males are most disposed to it, who, before the age of puberty, could scarcely support the existing state of the system, which of course must be inadequate to supply any additional demand."

The doctor relates a story of a "Lady who was extremely indolent, whose hands were always cold, &c., (and, as is frequently the case), had exhausted the resources of her medical attendants, having gone through the regular routine of medicines without benefit." He prescribed "bread pills, and made her go to a riding school daily, and ride until she got into a complete glow of heat,—until the coldness of her hands was exchanged for warmth and perspiration." The "bread pills" were for the amusement of his patient—the prescription evinces a total want of confidence in the popular remedies of the medical faculty—"she was cured of her chlorosis by exercise alone." A few Thomsonian courses, repeated at intervals three, four or five days, and liberally using the medicine called "woman's friend," would have greatly facilitated the cure.

CHAPTER IV.

31. Of the menstrual periods; Lapland women; Lunar influences—32. The effects of civil liberty, early education, and plenteousness of the means of subsistence—33. Differences among females relating to their periods—34. The subject continued—35. Remarkable case of a maiden lady—36. Madame de Stael—37. Children born of elderly mothers.

31. In relation to menstrual periods, Dr. Denman remarks, that "In Greece, and other hot countries, girls begin to menstruate at eight, or nine, or ten years of age; but, advancing to the northern

climates, there is a gradual protraction of the time, till we come to Lapland, where women do not menstruate till they arrive at maturer age, and then in small quantities, at long intervals, and sometimes only in the summer :” of course, lunar influence, which has been appealed to with so much confidence, presents a broken staff for ignorance to lean upon. The periods of female menstruation must depend on the physical condition of their own bodies, and causes producing sensible and unequivocal effects thereon, and not by the phases of the moon, its conjunctions, oppositions, configurations and locations along the path of the zodiac, in its twelve astronomical and astrological divisions, called signs. Facts, in this case, sit the preposterous delusion completely in the back ground, to rank with the stupid idolatry of the heathen world.

NOTE—On this point Gooch remarks, “ It has been said, that the moon has an influence on its occurrence ; but if such were the case, all women would menstruate at the same time, making a sort of a universal flood-tide ; but as some or other women are menstruating every day, we may give up this notion of lunar influence.”

32. Pardon a digression to which we have been irresistibly drawn by an inflexible regard to truth. We turn to our subject. In the United States, under the auspices of civil liberty, where the means

of subsistence are easily obtained, and social intercourse is not impeded, depressed, and interrupted by the claims, reservations, and affectations and impositions of privileged orders—where education is early commenced, and extensively diffused; where all the circumstances of society, generally speaking, are undeniably better suited to the admissions of early marriages, than in any of the civilized nations of Europe, it is perfectly natural to presume, that many of our females receive those early attentions, caresses, and enlightenings of the understanding, which arouse the energies of nature, and elicit sexual emotions, which are suffered to sleep in a state of torpidity; in the cold, venal calculations of the Harmony Institute; or lie dormant as the polar ice, in the unruffled quietudes of Shakerism.

33. As there are great differences, among females, as to the time of life in which the menses begin to flow, so there are great differences as to the period at which they cease to menstruate.

34. The time of the cessation of the menstrual discharge, appears by observation, to correspond with, or rather, to be regulated in some measure, by the period at which they commenced. The most common time of their cessation, in our own

country, may be reckoned from forty to forty-five or six years of age. The period has frequently been extended to the fiftieth; some have gone beyond that time.

35. We have known an instance of a maiden lady, who enjoyed good health, and never failed to menstruate, monthly, from her eighteenth to her sixty-third year; when her health began to decline. She finally deceased under the ravages of an incurable leucorhea, [*fluor albus* or *whites*,] wasting incessantly, until the discharges exhibited a very morbid appearance, became ichorous, corrosive, excessively painful, and offensive to herself and her attendants.

36. FRANCIS, in a note on DENMAN, observes, "we have some remarkable cases wherein the menstrual discharge has occurred much beyond the ordinary period, at sixty and upwards, as in the example of the celebrated Madame de Stael."

37. "A relative of Haller's had two sons after her fiftieth year: and where puberty is late, as in cold countries, children have been born of mothers above sixty years old. Dr. Rush records an example of regular menstruation occurring at the seventieth year."

CHAPTER V.

38. Of the menstrual discharges; from whence derived—

39. Evacuations resembling the menses; the menstrual blood does not coagulate—40. Cause of the periodical returns of menses unknown—41. Menstruation a wonderful phenomenon—42. Frequently irregular—43. Of its qualities—44. Of its uses—45, 46, 47, 48. Of menstrual evacuations, or appearances resembling menses during pregnancy.

38. The genuine menstrual discharges, that appear to be naturally connected and identified with the generative faculty, it is apprehended, proceed from the opening or rupturing of the capillary blood vessels of the uterus; or, rather, to speak more definitely, from a semi-sanguinous secretion, of a peculiar and distinct character, from the membrane which lines its whole internal surface. The latest and best writers on the subject, agree that the menstrual discharge proceeds, as we have stated, from the membrane immediately lining the *uterus*.*

39. Discharges, much resembling genuine menses, and probably occasioned by some special and peculiarly predisposing causes, may be secreted from the vagina, or natural passage to the uterus, and the parts contiguous and adjacent, and subserve a number of valuable purposes in the animal

* See DEWEES' note on BAUDELOCQUE, p. 120.

economy; perhaps some, for which the genuine uterine evacuations were designed. The genuine menstrual fluid, let it be distinctly noticed, though it has the color and much of the resemblance of common blood, yet it does not coagulate, nor separate into different parts, like real blood; it appears on the whole, to be a secretion *sui-generis*.

40. "We know not," says Baudelocque, "the cause of the periodical return of the *menses*. Most authors, by attributing it to a *plethora* [excessive fulness of the blood vessels] of the *uterus*, have left us as much to seek as those who have ascribed it to another cause; since they have not determined what causes that *plethora*, or why it returns constantly at the same period." We shall, therefore, be excused, if we decline a ramble in the regions of fancy, and a useless excursion on wings of philosophic conjecture, where such gigantic talents have attempted in vain to scan the height, or sound the depth, of so great a mystery in the arcana of nature.

41. "If this evacuation," continues the author just quoted, "is an astonishing *phenomenon*, it is not less so to see it stop suddenly, never to return, whether at the natural epoch, or earlier, without injuring the woman's health; while its smallest

derangement, before that period, sometimes occasions an infinity of accidents.”

42. ‘The same writer has well observed, that, “the cessation of the *menses* does not always happen thus. ‘They most frequently become very irregular before they arrive at that period: some times they are excessive, and sometimes flow in so small a quantity, as scarcely to mark the linen: they often appear twice a month, and then stop for six weeks or more.” ‘These irregularities will often require the strictest attention of the woman, and of some judicious practitioner, to pursue an alterative course of Botanic medicine, congenial with nature, for the promotion of her general health. For this we shall attempt some useful instruction in its proper place.

43. As to the malignant qualities the Arabian physicians and some others have ascribed to the menstrual discharges of women, they have, probably borrowed their ideas from the law of Moses, and certain remarks of the Jewish prophets. For ourselves we cannot conceive of any extraordinary impurity or deleterious properties, appertaining to the genuine, uterine, menstrual secretions: though of an excrementitious character, we have never been able to detect any peculiarly noxious

quality. Of the menstrual pollutions alluded to by the prophets, we can only say, that in those warm countries, at that period of the world, when the cleanliness attendant on the refinements of social life, now prevalent among christian nations, did not exist, diseases of the genital members were undoubtedly more frequent, even requiring circumcision among both males and females, among the Egyptians, removing the *prepuce*, or covering of the glandspenis from the former, and excising the interlabial *nympha* from the latter; to which may be added, the fluor albus, gonorrhea, and all occasional local impurities attendant on functional derangements. In all cases where the evacuation is of a thick and complicated consistence, sluggishly discharged, and long retained in the vicinity of its exit, such discharges may acquire an acrimonious quality, and neglected cloths an impure, offensive taint. All this does not militate against our general conclusion on this subject.

44. From the best evidence attainable, menstruation appears indispensable to prepare the female organs of generation to be acted upon by the male semen with procreative effect. It appears to be a provision of nature, by some mysterious law of the animal economy, to render them capable of con-

ception. Those who have never menstruated, and those who have passed on to the time of life in which the menses have ceased, do never conceive. Hence, when "Sarah received strength to conceive seed, and was delivered of a child when she was past age," it must have been a miraculous event, for it had "ceased to be with Sarah after the manner of women."

45. Some women have a spurious kind of menstruation, or a discharge resembling it, during the early months of pregnancy. Some instances are recorded, and we have known a few rare cases of similar evacuations returning, commonly, at irregular periods, during the entire season of gestation. Some women menstruate regularly after parturition, at the return of their regular periods; others have nothing of the kind, until many months pass over them, or until they have weaned the child,

46. As for those females, who become mothers, without having the usual appearances of menstruation, it is but reasonable to suppose, they only present us with rare instances of a very sparing discharge; and of that which, in such cases, it is presumable, is destitute of the usual color, yet, possessed of the same prolific quality, as the common menstrual secretion.

47. Daventer and Baudelocque inform us of women, who had this evacuation *only* during pregnancy. But, if we may hazard an opinion, we would say, that at that period only, they threw off discharges that were red; neither do we conceive that they were really menstruous. We cannot be easily persuaded to believe, that, at such a season, the discharges proceed from precisely the same source, as the genuine fructifying, menstrual, semi-sanguiferous, uncoagulating fluid, we deem indispensable to the generative faculty, or capacity to conceive.

48. We do not contend that all the circumstances and appearances, usually attending the menstruation of a healthy woman, are indispensable in all cases to make conception possible; but we believe that accurate observation would fully evince, that in all instances in which such circumstances and appearances do not evidently exist, and conception takes place, that a humor has been secreted, equivalent in quality, that gives a fruitful result to the inter-sexual embrace.

CHAPTER VI.

49. Desire of children natural; uterine obstructions and irregularities of menstruation—50. How most success-

fully treated—51, 52 Uterine obstructions and excessive menstruation treated on similar principles, symptoms usually attending these difficulties; argument for the unity of disease.

49. When females enter into the marriage state, under the impulse of unfeigned affection, the language of nature is, *give me children*. But to the gratification of this laudable desire, so congenial with our common nature, there are divers impediments, that may sometimes operate as preventatives. Uterine obstructions, or excessive menstruation; irregularities in the quantity, quality, and periods of menstruation, fluor albus, [whites] &c. being the most common difficulties, claim our first attention.

50. Such habitual indispositions, where the constitution is not utterly impaired, can be effectually relieved, the habit regulated, and health restored, by a few regular courses of medicine, agreeably to the Thomsonian usages. These should be administered at intervals of a few days. In the interim, an alterative course should be pursued. The strength of the patient should be sustained by tonics, spice bitters, and all such Botanic medicine as repair the energies of nature, and restore the digestive powers; for such persons are commonly

dyspeptic ; and the languid tone of the stomach must be roused, and thus a salutary influence may be extended to the whole system. More minute instruction is scarcely necessary to one who shall carefully attend to the sequel of this work. We will just remark, that the Thomsonian powders, called by way of distinction, "Woman's Friend," to be used in the way directed, under the recipe for making that composition, will be found particularly serviceable.

51. Here let it be distinctly noticed, that the same remedies that have been found successful in restraining an excessive menstruation, have been found serviceable for removing obstructions and administering relief, when these discharges have been deficient in quantity or defective in quality.

52. The most usual symptoms attending these difficulties, are pains in the head, back, and loins; costiveness, indigestion, hysteric affections, palpitations at the heart, flatulence, emaciation, paleness of countenance and faded lips ; the eyes lose much of their wonted lustre and expression, a livid, blue, semi-lunar circle appears about them ; a general lassitude prevails ; small exertions fatigue ; dropsical swellings of the feet, and general derangement of the more important functions of the visce-

ra, and a disordered state of the whole system supervene. From a consideration of these circumstances we infer, somewhat of a conclusive argument, sustaining the Thomsonian doctrine of the unity of disease, whatever form or guise it may assume.

CHAPTER VII.

53. Female organs of generation ; description of, necessary—54. Of the terms used—55. Respectful notice of former writers on anatomy and physiology—56. Objectors to our method of treating our subject at liberty to pursue a more vulgar course—57. Mount of Venus described—58. Genital members of females inclusive, how named ; labia externa—59. Clitoris, where situated—60. Nympha ; meatus urinarius described—61. The hymen, where situated ; sometimes closed—62. May be divided—63. Surgical operation sometimes indispensable ; wounded parts, how to be treated—64. Hymen sometimes imperfect or entirely wanting—65. Ruptured by sexual intercourse.

53. On subjects so delicate, and so important, as those of which we treat, it will be found necessary to give something of an anatomical description of the female organs of generation. By being properly instructed in this matter, we become enabled to speak of these organs, and to converse of

their respective functions, and of the forms of disease peculiar to females, that have a special relation and connexion with these organs, which are often the seat of troublesome affections, without those obscene, and vulgar words and phrases, that naturally offend the modest ear. This kind of information is certainly important to females generally, but to midwives especially, not only for their own immediate convenience, but by becoming familiarly acquainted with a delicate mode of conveying ideas on such matters, we shall be able by a modest example, to afford useful instruction to others, and extend a salutary influence, in correcting the taste and improving the habits of conversation, in those circles where occasional hints on these subjects appear to be indispensable.

54. In giving the necessary description of the genital organs of females, we are compelled, from the nature of the case, to pursue a course similar to what others have done before us. Like writers on geography, we adopt many of the terms, and occasionally use the precise language of those who have preceded us on the same subject.

55. We wish profoundly to venerate the talents, and to profit by the deep researches of those anatomical and physiological writers, who have devoted

ed their time, and all the powers of their minds, to faithful inquiry after interesting facts ; who have enjoyed the highest advantages for the acquirement of useful knowledge, and are famed for the honesty and aptitude of their communications. If we cannot consent to plunge after them into labyrinths of useless conjecture, or soar with them in the giddy wanderings of scholastic imaginations, a narration of facts in which all are interested, we cordially approve, yea highly appreciate, and are happy to avail ourselves of all that is substantially for the benefit of those who seek for useful information.

56. If, by the course we have here pursued, in giving our descriptions of the genital organs of females, we have committed a fault, we have erred in reputable company. Whoever objects to our method, can still pursue a more vulgar course, but we should not wish such a person for an associate for ourselves or for our families. The well informed, on other subjects, may possibly object from want of due reflection ; but the most illnatured objections will arise from ignorance, or an hypocritical delicacy, affectation and prudery, inconsistent with sound discretion, and hearty good will, towards men and woman kind.

57. We have already alluded to that fleshy, fatty, muscular prominence, immediately over the share bone, and its hairy covering when the age of puberty arrives; it is called by both ancient and modern writers MONS VENERIS, [*mount of venus.*] It requires no remarkable depth of thought to discover the agreeable adaptation of the part to the heightening the enjoyment, and the prevention of inconvenience and injury in the act of coition.

58. The genital members inclusive are called PUDENDUM; or for distinction of sex, those of the female are denominated *pudenda mulierber*. The RIMA MAGNA, that is, the exterior aperture, orifice or opening of the parts, commences immediately below the *mons veneris*. On both sides of this orifice the parts are full, prominent and fleshy, which appears to be a continuance of the adipose substance. They are larger and fuller above, but gradually diminish in size, till you arrive to the lower or posterior angle thereof. These two prominences are called the Labia Externa, or external lips. Near the latter end of pregnancy, they become somewhat enlarged and relaxed, so that they sustain little or no injury during parturition.

59. Just within the upper or anterior commissure, [chink or seam] formed by the junction of

these Labia, a little round, fleshy, oblong body is situated, called the Clitoris. 'This is supposed to be a principal seat of agreeable sensation, and to be capable of some degree of erection, in the act of coition; it is analogous in its structure to the penis, and like it endowed with exquisite sensibility.

60. The skin which lines the internal surface of the external lips, is folded in such a manner as to form two small, flat, spongy bodies or doublings thereof; their form resembles the Labia. They pass down within the Labia about half its length, gradually diminishing till they disappear. They are called the Nymphae. The orifice of the Urethra, or urinary passage leading to the bladder, is much shorter in females than in males. It is situated immediately below the lower edge of the symphysis or junction of the shear bone, an inch or more further inward than the Clitoris, and is a little prominent. This termination of the Urethra is called the *meatus urinarius*, and is usually about an inch and an half in length. Along the internal surface of the shear bone, it runs in a straight direction to the urinary bladder.

61. Beyond the external lips, the Clitoris, the Nymphae and the orifice of the Urethra, we arrive

at the membrane called the Hymen, situated at, or a little behind the orifice of the Urethra. It is stretched across the passage, and were it an entire partition, it would prohibit all ingress or egress by or through that portion of the passage leading to the Uterus or womb, called the vagina. Instances of this obstruction are rare. There is commonly an opening in its centre, or more frequently in its anterior edge, giving the membrane the form of a crescent. Through this aperture passes the menstrual fluid. Sometimes, however, the passage is entirely closed; the period for menstruation arrives; the secreted menstrual fluid cannot be discharged; the system becomes disordered; abdominal enlargement gives an appearance to the unfortunate sufferer resembling pregnancy; and cruel suspicions light on the innocent.

62. The division of the Hymen, by a lancet or blunt pointed bistort, or any small, sharp, blunt pointed instrument, or even with small, sharp pointed scissors, is easily effected. No feelings of delicacy should induce any delay in so important a case. We have performed the operation with as little difficulty to ourselves, and with as little suffering on the part of the patient, as is common in loosening the tongue of a tongue-tied child.

63. There are instances in which the obstruction, though partial, is so firm and unyielding, as not to admit of sexual commerce, until relieved by surgical operation. Instances have occurred, in which no possible efforts for intercourse could succeed to rupture the hymenial door, and the disappointed, ignorant husband, has applied to the civil authority to be released from his marriage bonds; but wiser heads would have sought for victory over a merely temporary impediment, that could instantly be relieved by any person of good common sense. In case of an operation, the wounded surfaces of the artificial aperture should be kept from coming in contact, until perfectly healed, by appropriate dressings, such as a soft linen rag, molified with some emolient ointment, introduced and retained in a suitable position. Thus this obstacle to sexual association may be taken out of the way.

64. In many instances the hymen is very imperfect, or entirely wanting. It is rather questionable whether it is to be found in the generality of virgins. Superstitious notions on this subject have led many to absurd and irrational conclusions, excited preposterous jealousies and suspicions, founded in gross ignorance of plain matters of

fact, which by better information and sounder judgment, would never have disturbed the peace of an affectionate and honorable husband.

65. In all ordinary cases, a well formed hymen is ruptured by the first sexual intercourse, and the female is said to lose her virginity; but, never let it be forgotten, by men of common sense, that many a chaste virgin is utterly unable to produce this mechanical evidence of her chastity. One would suppose that the total absence of the hymen, or its utter obliteration by casualty, so often met with in female infants, was a circumstance that would forever put to silence all emotions of suspicion, that had no other or better foundation to rest upon.

CHAPTER VIII.

Description of female organs of generation, continued--

66, 67, 68. The vagina or birth place described; mouth of the womb; folds and wrinkles in the vagina; impediments to sexual intercourse—69. Of ulcerations and cohesions that may ensue—70. Polypus described—71. case of—72. Another instance—73. A third case, an account of—73, 74. Of their removal—75. A case mentioned by Dr. Francis—76. Account of remarkable tumor.

66. The VAGINA, or passage to the Uterus, is

a membranous canal, commencing at the Hymen, and naturally small in virgins. Its size varies materially in different women ; but, by introducing a finger, we can almost always feel the neck of the Uterus, and distinguish the *os tincoe*, (or *os uteri*) as it is called ; that is, in plain English, the *mouth of the womb*. It is a little curved, and extends backwards between the bladder, which lies before and above it and the lower portion of the bowels called the *rectum*, which lies behind it.

67. The membranous coat which lines the internal surface of the vagina, forms a number of transverse folds, ridges or wrinkles, which are perceived only in the lower or anterior half of the vagina, and on its anterior and posterior sides ; but the lateral sides are smooth and destitute of these ridgy inequalities of surface.

68. Impediments to sexual intercourse frequently exist in the vagina. Its shortness and contractions may commonly be relieved. That it may be greatly stretched and dilated is certain, or it could not admit the passage of a child in parturition. It may be prepared for natural use by fomentations, emolient unctions, and artificial dilations, to a proper size, by the introduction of sponge or linen tents : the most effectual method,

is by the use of bougies, gradually enlarged. The texture of the vagina is quite elastic, so that notwithstanding the consummation of nuptial enjoyments may be delayed, yet by a little ingenuity and perseverance, such an obstacle is rarely insurmountable. A want of knowledge and reflection may place a person in an awkward and embarrassed situation, which, by better information, might have been easily overcome.

69. An abscess, ulceration, or any cause that can produce a soreness or rawness of the internal surface of the vagina, when such surfaces begin to cicatrize, that is, to heal and skin over, the raw sides coming in contact, may form a cohesion very troublesome to remove. It is more easy to prevent such difficulties, by strict attention to the cleansing and dilating the parts by appropriate means, as in the former case, during the healing process, than to relieve the impediment when fully formed. Such cohesions have been separated by making an appropriate incision. They will seldom, if ever, occur under judicious attendance: we have witnessed distressing results of bad management.

70. We will here mention Polypus, which is a fungus excrescence, arising from any part of the

vagina or uterus. They are of various forms, sizes, and consistence: some are fleshy and firm, others soft, and of a spongy, fungus texture. They sometimes are pendulous, by a small neck or root, one or more—some are larger—some are suspended higher up; others so low in the vagina as to obstruct the passage, and are often troublesome and tedious to the sufferer. They are sometimes occasioned by some casual injury, but are more frequently a spontaneous growth, occasioned by some previous local affection, or general constitutional predisposition. They sometimes exist in women who were never pregnant. It is a misfortune that may befall the chastest virgin; but married women, who have been rudely handled in parturition, are more frequently subjects of this complaint. Similar tumors are sometimes found appended to, or sprouting from the external surface of the womb.

71. Mrs. C. was the mother of a large family of children. My friend, Dr. Sacket, who had attended her with several of her last, discovered a preternatural growth, at first small, but gradually enlarging. After her last confinement it became very troublesome. At the request of her attending physician, we were consulted. She appeared to have

a restlessness, pains, and anxiety, like the usual precursors of approaching labor. On examination, it was found that the vagina was dilated, and a large fleshy excrescence descending through it; which by a little assistance, was protruded out of her body. Being fully apprised of the nature of the difficulty, we were provided with a double canula and ligature, passing the loop over the body of the polypus, it was made secure about the neck or root of the tumor, which was as large as a common sized fore arm of a child two years of age. The ligature was placed as high up on the neck of the tumor as it could be conveniently, though we were sensible that the part beyond the ligature would decay, and be ultimately passed off, with the whole tumor and its appendages. The ligature being tied, at the cross bars at the lower end of the canula, it was very carefully and gradually tightened every day. About the fifth day, the scent was offensive, like that of any putrifying substance; the ligature being drawn more closely, the body of the polypus, which had been enclosed as much as practicable in a large ox bladder, came away—it weighed eight pounds. The ligature was made of unbleached linen thread of a convenient size, suited to the neck of the tumor. The

operation, which had been delayed until the tumor had descended lower and lower, until the neck or stem had become elongated, and diminished in size, and more easy to operate upon. This tumor was appended to the exterior surface of the neck of the womb, and so high above the *os tincoe*, or opening into it, that it remained uninjured by the operation; no injurious cicatrice, nor callosity supervened. One circumstance is worthy to be recorded, precisely that day twelve months from passing the ligature over the tumor, she was delivered of a full grown child.

72. Mrs. H. was the mother of three children; had been sensible of a small tumor, or preternatural fulness in the vagina, gradually increasing from her earliest periods of menstruation. After the birth of the last child, she was seized with violent and alarming floodings. The sensible enlargement of the tumor naturally required an examination. It was easily discovered to be a polypus, pendulous by a small root just within the verge of the *os tincoe*, which occasioned the irritation and excitement on the system, and a local distention, inducing hemorrhage. But by the canula and ligature it was easily removed, and was about the size of a common liver of a calf a month old, and very similar in appearance.

73. We have seen an instance of a tumor, growing on the side of the vagina, like a small bladder, not larger than a turkey's egg, hanging down almost to the entrance of the passage; it was in a married woman; it was of a soft consistence, containing a compressible, mucilaginous substance, that had for a long time prohibited the hymenial embraces of her partner. Hemorrhoidal tumors in the Rectum, or lower portion of the bowels, may produce the same consequences. They may all be removed by the ligature; the latter, by carefully bringing down the tumor—in doing which, the patient should make an effort similar to that of going to stool, until the basis, which is commonly smaller and softer than the body of the tumor, will admit of a ligature being fastened around it, taking care not to embrace any thing but the tumor within the loop. If the tumor be large at the basis, a needle armed with a double ligature may be passed through the middle, as near the basis as practicable, and tied on both sides. If a canula be used, it can be gradually drawn closer: in this situation it will decay and slough off in four or five days.—Fomentations, poultices, and even a course of medicine, will in most cases be necessary, to prevent or relieve inflammation, and the

pain and irritation of the system that naturally attends such operations.

74. Concerning polypus, but few writers have given us much satisfactory information on the subject. Dr. Denman has been more particular than any preceding author we have had an opportunity to consult. He observes that, "After a long continuance of the disease, which may not have been suspected, or perhaps mistaken for some other, the tumor has pressed through the vagina and external orifice; and the stem being too weak to sustain its weight, or to afford nourishment, it has decayed and dropped away; or when the polypus has pushed through the external orifice, a ligature has been fixed round the stem, and the polypus been easily and perfectly extirpated."

75. Dr. Francis, in his notes on Denman, mentions a case that came under his observation, during the Spring of 1821. On examination, after the decease of the patient, for it was a fatal case, the tumor with its excrescences weighed rather more than one hundred pounds.

76. We were acquainted with one instance of a fungus growth, of irregular size, firm and smoothish, though somewhat shrivelled on the surface, protruding, to the amount of several pounds weight,

without the external orifice ; a portion of the tumor filled the whole passage, and was so large and firm, and the surrounding parts so closely embracing it, that by an examination made without any preparatory measures, we could not detect the presence of any neck by which it was suspended. She had walked several miles—was a vigorous, athletic female. We offered to pay her passage and accompany her to Cincinnati, to be examined by the Faculty of the medical University ; hoping to render an acceptable service to the woman, and to the cause of surgical science, besides obtaining further personal information on the subject—but she walked home the same day, and we never saw her afterwards.

CHAPTER IX.

Description of the female organs of generation, continued—77, 78, 79, 80. Of the uterus ; urinary bladder ; fallopian tubes ; ovaries ; the effects of age upon them—81. Essential for generation—82. Farther description of fallopian tubes and their use.

77. It is now time to turn from our digression, and proceed as far as we intended, in describing the female organs of generation : they consist of the vagina, and parts already described, and of the uterus, the ovaries and their appendages.

78. The uterus or womb, is situated between the urinary bladder and the rectum, but above the vagina. Its shape has been compared to a long-necked pear, a little flattened. In its structure it is fleshy, vascular, and membranous. The body of the womb is twice as broad as the neck. In subjects of mature age, who have never been pregnant, the whole of the uterus is about two inches and an half in length, and more than an inch and an half in breadth, at the broadest part of the body. It is near an inch in thickness. The neck of the uterus is situated downwards, and may be said to be inserted into the upper extremity of the vagina. It extends down into the vagina nearly an inch. The hollow space in the body of the uterus, and the passage through the neck into the vagina, strictly speaking, are but one and the same cavity. That part of the cavity which lies in the body of the womb, approaches the triangular form; its sides come almost in contact with each other. This hollow space in the body, terminates above, and at the sides by two very small orifices, which form the beginning of what is called the *fallopian tubes*; and below by another larger, which is called the internal orifice of the uterus.

79. The canal which passes through the neck

of the uterus, connecting the cavity of this organ with that of the vagina, is about a quarter of an inch in diameter. It is different from other ducts; for it seems to be a part of the cavity from which it extends; inasmuch as when the cavity of the uterus is enlarged, in the progress of pregnancy, this canal is gradually converted into a part of the cavity. The neck of the uterus at its lower extremity, opens into the vagina, by a little transverse chink, which gives the projecting portion of the neck of the uterus, its peculiar, tumid figure. The orifice or chink itself, as we have before mentioned, is called *os tincoe*, or *os uteri*, or in plain English, the *mouth of the womb*.

SO. The ovaries, are *two* whitish, flattened, oval, bean-shaped bodies, one of which is situated on each side of the uterus, at a little distance from it, and about as high up as where the uterus becomes narrow to form its neck. The longest diameter of the ovarium is about an inch. Each ovarium is enveloped in a firm, membranous coat. In those who have not been pregnant, and are in the prime of life, they are larger, than in the decline of life, when they begin to wither away. They have a little more of a plump appearance during the fruitful period of life. They contain a number of ve-

sicles, or little round bodies, formed of a delicate membrane, and filled with a transparent fluid. Some of these vesicles are situated so near the surface of the ovarium, as to be prominent on its surface. They vary in their size. The largest are nearly a quarter of an inch in diameter.

81. In those in whom conception has taken place, some of these vesicles are removed, and in their place a cicatrix or scar is formed, which continues through life. Some writers contend that the number of the scars correspond with the number of conceptions that have taken place. It is certain the ovaria are essential for generation. All animals deprived of them are incapable of propagation. They appear to correspond with the male testicles; and these vesicles, which are found sometimes from ten to twenty in number, from aught appears to the contrary, are intended to be a nucleus to cherish the conception. Indeed we have every confirmation of this the nature of the case will admit. The remains of *foetuses*, and even *foeutuses* entire, have been found in them. It has been objected that the number of scars often exceed the number of conceptions. But the testimony on this point would hardly be admissable in a court of justice. The assertion that they are

sometimes found where conception has not been known to have taken place, is only begging the question. This ex-parte testimony, by which the laws of nature are to be set aside, is of too suspicious a character to carry conviction to our minds. It will not, however, be denied, that disease cannot possibly induce effects or appearances similar to those occasioned by conception ; but at present we have no evidence that fully convinces us that such are the facts.

82. The *fallopian tubes*, are two little conduits or canals, which take their rise from the upper angles of the cavity of the uterus, and take a winding course, in a transverse direction, in respect to the body. They are from three to four or five inches in length ; and receive their name from their first describer. They become smaller in their progress from the uterus, turning downwards towards the ovaries. The canal which passes through these tubes, is very small at their origin, presenting an orifice of a size sufficient to admit an ordinary bristle ; but they gradually enlarge, until they terminate in an expanded orifice, skirted with a fleshy fringe, and float loosely, coming nearly in contact with the ovaria. Through these canals, a free communication between the uterus and ovaria is maintained.

CHAPTER X.

83. Farther remarks on the menstrual secretions; sexual passion often increases after menstruation ceases—84. The process of generation difficult to comprehend—85. The venereal orgasm—86. Prolific quality of the male semen—87. Co-operation of male and female necessary for procreation—88. Animalculæ in male semen—89. Extremely minute—90. Conception, how effected—91. Animalculæ in male semen become extinct by age—92. Conception may occur where the hymen has not been ruptured—93. The opinion of Dr. Dewees—94. Farther remarks on conception—95. Of the nourishment and development of the conception—96. Dr. Knowlton's remark—97. The experiments of Cruickshank—98. Rudiments of animalization—99. Experiments of Harvey and De Graff.

83. We have already spoken of the menstrual discharge as peculiar to females, and as indispensable in the economy of nature, to prepare them to become mothers. Though women themselves may be mistaken respecting their discharges, we lay it down as an unequivocal axiom, that women do not conceive previous to having some menstrual secretion, nor after they have utterly ceased to flow. These discharges may vary in quantity and appearance; but are of a peculiar, specific nature, possessing all the essential qualities or properties by which the system is prepared for the generative

or reproductive process. It is, however, worthy of remark, that the reproductive instinct is not extinguished by the cessation of the menstrual secretions. The sexual passion often increases beyond that period; and in many, continues in a greater or less degree to an extreme age.

84. In explaining the general operations of nature in the reproductive process of generation and conception, anatomists and physiologists have wandered in a labyrinth of difficulties: conjecture has stood tiptoe: the penetrating eye of philosophy discerns a dark abyss often too difficult to fathom; and after many wanderings of imagination, has been compelled to acknowledge, that there are mysteries in nature, heights and depths it cannot fully explore.

85. That titillation and the deposition of *semen*, by the male, excites the venereal orgasm in the female, and gives a specific impulse to her conceptive powers, must be admitted by all.

86. That the male semen possesses a prolific, or fecundating quality, contains the young germ of being, the vitalising principle, that constitutes the rudimental stamina of individuality, or personal identity of the being to be produced by the sexual embrace, cannot be reasonably called in question.

87. That the union or co-operation of male and female is necessary for procreation, is a well known fact. That the primary principle of animalization is contained in the blood, from which the semen is secreted in the male testicles, is an ancient doctrine. "Hast thou not poured me out like milk?" inquires the patriarchal philosopher. The female secretion, which takes place in coition, excited and greatly increased by exquisite titillation, and indispensable to calm the tumult of sexual passion, and relieve the violent impulse of the venereal orgasm, may have an effect on the milky mucilage of the male semen, somewhat resembling rennet, and produce a separation of parts. To this coagulating influence of the female secretion, the philosopher of Uz, probably alludes in the inquiry, "Hast thou not curdled me like cheese?"

88. When the semen is examined by a microscope, Leuwenhock and others, assure us that they have discovered a multitude of small animalculæ, resembling a tadpole; they are extremely minute, ten thousand would not occupy a space larger than a grain of sand. These seminal animalculæ, are the germ of animal existence. This was the opinion of Leuwenhock, who confidently believed a sexual difference was discernible, upon which the

sex of the future fœtus depended. If this should only be matter of conjecture, the existence of such animalcules in the male semen, not only of men but of other animals, will scarcely be denied.

89. These animalculæ are so extremely minute in size, that no doubt remains of their capacity to be absorbed, when the mouth of the absorbents about the labia and vagina, are stimulated into action, by being laved and lubricated, by the warm semen of the male diffused over the parts, and by the peculiar titillation that accompanies the emission and diffusion thereof.

90. In this way we understand how "Aaron was in the loins of his father Abraham, when Melchisedeck met him;" and how generations yet to come are slumbering in their future sires.—It is recorded of the Christian Messiah, that he was "made," exclusively, "of a woman." "The woman is of the man, but the man is not of the woman," is a sentiment that will not be controverted by the disciples of christianity. Conception appears to consist in the absorption of something seminal, possessing vitality. "GALEN thought that the embryo was formed by the substance of the male semen; and that the humor supplied by the female, served the mere purpose of nourishing it." Mar-

ried women habitually associating with their husbands in intersexual communion, are frequently unable to decide on the question of their conception. They know not their own condition. The vehement excitement of the sexual passions; the sudden and general orgasm at the consummation of intersexual enjoyment; the emission of semen from the male, and agitation of the female organs of generation, pressing exquisitely the fondly embracing co-operator, and the probable secretion of a prolific, simmiseminal lymphatic humor from the ovarium, sometimes produces such peculiar sensations, nervous tumults, sexual emotions, and exquisite local feelings, that many women have been able to determine with precision the very moment of conception. While others of their sex, from a lax, cold, phlegmatic constitution, or from a voluntary suppression of sexual feelings, or on account of uniform habits of regular intercourse, they have no suspicions of their condition, until the menses cease to flow. Some from constitutional defect, debility of the uterine system, organic or functional derangement, may be involved in similar difficulties.

91. It has been ascertained that the animalculæ which seem to give vitality to the semen, become extinct by disease, or extreme age, or whatever oc-

casions sterility. "Hence," says Bostock, "we can scarcely refuse our assent to the position, that these animalcules are in some way or other instrumental to the production of the fœtus."

92. The idea that in conception the male semen is always injected through the os tincoe into the uterus, is at war with common sense. So many instances of impregnation have occurred where the vagina was never penetrated, nor even the hymen ruptured, that this stale conjecture can no longer be accounted tenable. In these cases the semen was only applied to the parts anterior to the hymen; merely to the internal surface of the labia, nymphæ, &c. Admitting some of the absorbent vessels alluded to are situated without the hymen, a supposition highly rational; and the apparent difficulties all subside.

93. It is the sentiment of one of the most intelligent, scientific and ingenuous writers the annals of medicine can boast, viz: our worthy countryman Dr. Dewees, that a set of absorbent vessels extend from the innermost surface of the labia externa, and from the vagina to the ovaria, the whole office of which is to take up the semen or some part thereof, and convey it to the ovaria.

94. All circumstances duly considered, the evi-

dence derived from the christian oracles, and the testimony of the best writers on anatomy and physiology, we are led to the conclusion, that the seminal animalcules, during the venereal orgasm, are spread over this absorbing surface, while the mouths of these vessels are stimulated and roused to the exercise of their specific functions. Here the young voyager commences his journey. Some one of these animalculæ, more fortunate than his brothers and sisters, in case of impregnation, is by the emulgent action, or peculiar suction of these vessels, moved onward into a vesicle of an ovaria, which being in a condition to receive and act upon the little stranger, the work of conception is accomplished.

95. Having arrived at this place of rendezvous, the traveller is provided with lodging and nutrition, by an envelope of mucilaginous fluids which the vesicle contains. This albuminous fluid, "being somewhat changed in its qualities, by its new comer," as a late writer remarks, "stimulates the minute vessels of the parts which surround it, and thus causes more of this fluid to be formed; and while it affords the animalculæ materials for its development, it puts the delicate membrane of the ovary which retains it in its place, upon the stretch,

and finally bursts forth, surrounded, probably, by an exceedingly delicate membrane of its own." "This membrane," adds the writer, "with the albuminous fluid it contains, and the animalculæ in the centre of it, constitutes the *ovum* or egg. It is received by the fimbriated extremity of the fallopian tubes, which by this time have grasped the ovary, and is, in this tube, slowly conveyed into the uterus, to the inner surface of which, it attaches itself, through the medium of a membrane which is formed by the uterus itself, in the interim between impregnation and the arriving of the ovum, in the way just mentioned."

96. These have been the views we have entertained on the subject, with a greater or less clearness of apprehension, for a long season: but we have been more fully confirmed in some minute points, since consulting Dr. Knowlton's work, entitled "Fruits of Philosophy." If we do not perfectly accord in all his speculative views of some things connected with this subject, or if we regret his skeptical notions in relation to the christian faith, yet, on the doctrine of conception, though like ourselves concise, he is remarkably luminous and interesting. We believe with the doctor, that he is the first that has taught from the press, that

precise "idea that a seminal animalcule enters an ovum, while it remains in the ovary." His reasonings, however, are very conclusive.

97. "The experiments of Cruickshank, which were very numerous, and appear to have been made with the requisite degree of skill and correctness, lead to the conclusion that the rudiment of the young animal is perfected in the ovarium." See Bostock's Physiology, vol. iii.

98. The animalculæ seminalis, are indispensable for procreation; as they are living, active substances, they must be the vitalising germ, containing the rudiments of animalization. From the extreme minuteness of their size, they can easily be conveyed through the minute channels destined to receive them, "not only to, but into the ovum, while situated in the ovarium."

NOTE—"One of the strongest proofs," says Dr. Gooch, "that the semen does not pass up the uterus and through the fallopian tubes is this: that if they kill a doe rabbit just impregnated, and while she is warm introduce a blow-pipe into the vagina, you may blow, but no air will enter the fallopian tubes, or even the uterus. Is it probable, therefore, that the semen should pass into it and through the fallopian tubes? But if you insert the blow-pipe in a fallopian tube, you may readily impel air into the uterus, and it will pass out from the vagina."

99. That conception is occasioned by the absorbing vessels of the labia and vagina, taking up

the living animalculæ floating in the male semen, as we have suggested, and not by the injecting of the semen into the uterus, as many have supposed, is evident from divers considerations. When the hymen is imperforated, and semen deposited without the door of virginity, by what force of emission is it to be driven through the vagina, and syringed into the uterus? Harvey and De Graff have determined, after many faithful experiments, by dissecting animals at almost every period after coition, for the express purpose of discovering the semen, but were never able to detect the smallest vestige of it in the uterus, in any one instance.-- See Dewees' Essay on Superfœtation.

CHAPTER XI.

99. Of superfœtation—100. Morgagni's remark on leucorrhœa—101. Of injecting the vagina with water, &c. to prevent conception—102. The precise time of conception sometimes doubtful—103. Of signs of pregnancy—104. Suppression of the calamerica or courses—105. Stomachic derangement—106. Period of quickening—107. Breasts enlarge; brown circle surrounds the nipple; visage lengthens—108. Enlargement of the abdomen, &c.—109, 110, 111. Of hysterical habits; breeding sickness in general; oily appearance of blood drawn, &c.

99. And what is superfœtation? We answer, when a woman is impregnated, and the os tincoe closed, and impervious to the semen, which cannot be injected by any subsequent efforts of coition, she may become re-impregnated: such instances have occurred; and this is called superfœtation, or second conception. 'This could not be effected in any other way than by absorption. Those who have imagined that they have found the male semen in its tenacious, mucilaginous state in the female uterus, might easily have been deceived by the mucous secretion perfectly natural to that viscus. Beside, he is not a very observing character, who has never ascertained the truth of Dewees' assertion, that, "the semen, after it has escaped from the penis, very quickly loses its albuminous appearance, and becomes as thin and transparent as water."

100. Morgagni informs us of virgins, who had been subject to leucorrhœa, whose secretions might have been mistaken for male semen.

101. Some have been so sanguine of the doctrine of conception by absorption, and the progressive process that we have described, they strenuously contend, that it has been fully ascertained, that by injecting water, thoroughly, into the vagi-

na, with a female syringe, immediately, or in some short time after cohabiting with a male, the semen may be, generally, some say invariably all washed away, so as to prevent conception with the utmost certainty. Others have, more philosophically, availed themselves of a solution of alum, or sulphate of zinc; or of copper in water, or used injection-wise of other substances, capable of coagulating the semen, deranging its constitutional parts, or deteriorating the vitality it contains, so as to unfit it for the procreative process of absorption, the result will be the same. Hence, probably, the tradition has extensively spread, that the introduction of a very small piece of alum, into the vagina, a short time previous to coition, suffering it to remain long enough to be in a state of incipient solution, will coagulate the semen, and the female secretions with which it may become combined, during the titillation and venereal orgasm attending the sexual embrace, so as utterly to prevent conception. Admitting these statements to be correct, our ideas of conception are very thoroughly confirmed, as far as the doctrine of absorption is concerned. Females should be aware that it is far more easy to avoid the cause of danger, than to make a sure escape from all unfortunate effects

of an illicit embrace. To a chaste and prudent woman, we would say, "many daughters have done virtuously, but thou excellest them all."

102. Some women have been able to determine with precision, the moment when conception has taken place. This, however, is seldom the case. Pleasurable sensations have been wrought up to a high pitch, without producing conception; and total indifference, and even disagreeable feelings, during sexual connexion, have eventuated in the impregnation of the sufferer. We once knew a very amiable young married lady, whose sensibility was so excited, and her passions so exalted, at the seasons of sexual intercourse with her husband, as even to occasion a degree of modest embarrassment in receiving his embraces. She was unfortunately so injured by the ignorance and violent management of the midwife who attended her with her first child, that notwithstanding she afterwards became the mother of five living children, she unhesitatingly affirmed, that had it not been for her previous experience, she never should have had any distinct conceptions of the sensations alluded to: that from the period of her injury, she never after admitted that intercourse from any other motive than from a sense of obligation to a kind

and affectionate husband. In ordinary cases, it is presumable the enjoyment is mutual. This appears to be a provision of nature, wisely calculated for the consummation and perpetuation of those felicities designed for the nuptial bed.

NOTE.—“There are some particulars relative to impregnation, which are important from their connexion with medical jurisprudence. It may be asked what kind of copulation is requisite for impregnation? It is not necessary for this purpose that the male organ should be introduced far into the vagina.” “I was lately informed,” says Dr. Gooch, “of a lady in whom, when in labour, the accoucheur found the hymen entire, so that he could not pass his finger into the vagina.” The writer adds, “I have met with a similar case; and such instances are not very uncommon.” Several instances of like character occur to our recollection, which it is unnecessary to relate.

A woman who is completely palsied in the lower half of her body; who has been long confined and wasted with disease may, nevertheless, be capable of conception. Pleasurable sensations are not indispensable for impregnation; for the paralytic may conceive, while others who have experienced the most exquisitely pleasurable impressions in sexual associations, from time to time escape unimpregnated.

Gooch relates a story of “A maid of an inn, who was always thought to be virtuous, and bore a good character. She began to enlarge in a way which excited suspicions of pregnancy; she solemnly declared that she never had connexion with any man. At length she was delivered, and was afterwards brought before a magistrate to swear to the father; but she repeated her former declaration. Not long afterwards a post-boy related the following circumstance: that one night he came late to this inn, put his horses in the stable, and went into the house and found all gone to bed except this girl, who was lying asleep on the hearth-rug; and, without waking her, he continued to satisfy his desires. This shews that impregnation may take place without the knowledge of the female, or any excitation of sexual passion.”

103. However precarious the signs of pregnancy may be, yet there are certain circumstances that usually succeed an effective connexion, especially where the opportunities of intercourse are like "Angel visits, few and far between." Where the intercourse is regular, without any casual interruptions, by sickness, journeys, accidents, &c., the real situation of a female will be more difficult to determine.

104. Among the first intimations of pregnancy, may be recorded the suppression of the catamenia, or *menses*. Those discharges that sometimes occur in pregnant women, with periodical regularity, and by which they are liable to be deceived, are not the genuine menstrual fluid; they do not proceed from those small vessels spread through the inner coat or lining of the uterus; they are not pressed through the closed mouth of a pregnant womb. These discharges are of a quality specifically different. It is real blood, that will coagulate and separate, like blood drawn from a vein.

105. The first stages of pregnancy are usually attended with stomachic derangement, a febrile, depraved appetite, nausea, morning sickness, faintness and even vomiting; frequent puking after eating, sour belchings, longings, giddiness, thirst,

husky, frothy spittle, frequent qualms through the day; tooth-ache, slight spasmodic cough, cholic pains, hysterical affections, restlessness, melancholy, and disturbed sleep.

106. In many women who have conceived, the impression on the system is so trifling, there is so little disturbance, or sensible derangement in any part of the system, that their case remains doubtful, until the period of quickening, which is about four months, or perhaps a little longer, after conception. But, as the *term* of utero gestation, or length of time from conception to the commencement of labor, may vary considerably, in different women, and in the same woman at different times, so there may be some trivial difference in relation to the period or length of time from conception, until they can perceive the motions of the fœtus.

107. It has ever been noticed, that the minds of most women are more irritable in beginning pregnancy, than at other times. The breasts, which at the commencement frequently become smaller, soon become tender; have shooting pains through them, and by the third month become sensibly enlarged; and the areola, or brown circle that surrounds the nipple, deepens to a darker shade.—Her visage lengthens; her countenance becomes

of a paler hue ; a slightly livid semi-circular discoloration under the eyes ; sometimes the lower part of the under eye-lid is more particularly the seat of this peculiar appearance.

108. At this period the enlargement of the abdomen becomes perceptible, accompanied with occasional partial suppressions of urine, and frequent inclinations to void it. An itching of the external organs of generation ; constipation of the bowels frequently occur, and sometimes hemerrhoidal affections.

109. At the latter part of the fourth month, as the enlarged uterus rises up out of the pelvis, if the elevation takes place suddenly, women of irritable, hysterical habits, realise a powerful impression on the whole system. Faintness, nausea, vomiting, and spasms frequently supervene. In advanced pregnancy, they are often affected with cramps in the legs and thighs, troublesome swellings of the lower extremities, frequent calls to pass urine, which they find it difficult to retain. The veins on the abdomen, thighs and legs become enlarged ; these are called varicose swellings of the veins. The pressure of the enlarged uterus and its burden, interrupting the reflux of the blood by the veins, is undoubtedly the most frequent cause

of these distentions and enlargements that so frequently happen.

110. Whenever the nausea and other sympathetic effects of pregnancy, or what is commonly called the breeding sickness, subsides, the general health becomes improved, and nature seems to be making preparations to sustain her through the trials of parturition that are approaching.

111. The sizzly, yellowish, blueish, oily appearance of blood, drawn from a recently impregnated woman, when suffered to stand a short time, undisturbed, is one of those signs of pregnancy, to which Thomsonians will not have recourse for information, unless they violate the instructions of the great founder of Botanic practice in these United States, and prove themselves unworthy the confidence of the great fraternity with which they profess to be united.

CHAPTER XII.

112. Of the advancing periods of pregnancy ; signs thereof often precarious—113. Enlargement of the breasts and appearance of milky secretions are equivocal signs—114. Professor Post's statement—115. The innocent liable to difficulties—116. Various affections incident to pregnant women, and how they should be treated—117,

118, 119, 120, 121, 122, 123, 124, 125, 126. The subject continued—127. Of Dr. Logan's long course, and the use of bandages in dropsical swellings of the lower limbs--128. Hysteric cramps and cholic pains, how to be treated--129. Of coughs, and the most eligible remedy.

112. At the latter part of the second, or beginning of the third month of pregnancy, if by any combination of incidents it appears to be necessary to ascertain with certainty the condition of the woman, and not to wait for time to develop the real nature of her case, she may be examined by carefully introducing the middle finger of the right hand into the vagina, to the mouth and neck of the womb. The uterus, if pregnant, will occupy a lower position than it otherwise would do. The mouth will curve a little backward; the increased smoothness and evenness of the surface over the os uteri, sensibly denotes that it is more completely closed; the neck, it will be perceived, has become enlarged; when pressed against and raised, its increased thickness, weight and resistance will be perceptible. By a little experience and careful observation, having a few intelligent patients to deal with, a faculty of discriminating, not only by the touch, but by all the concomitant circumstan-

ces, may be obtained, that cannot be acquired in any other way. It should, however, be borne in mind, that the signs of pregnancy, may be rendered precarious, from a great variety of incidents. We should never determine hastily, for the sake of being accounted wise and uncommonly skilful in these matters. In all doubtful cases, no one symptom or indication should be depended on, but as far as possible, we should sum up the testimony, by gathering and associating in our minds, all the circumstances within our knowledge, and with modest caution make up our judgment accordingly.

113. The enlargement of the breasts of females, and a subsequent appearance of milk, has been accounted an unequivocal sign of pregnancy ; but whatever continues for a length of time to stimulate the uterine system, or distend the womb, as Polypi, already described, or Hydatids, which are small vesicles hung together, in clusters, from one common stem, containing a watery fluid, sometimes formed in the cavity of the uterus ; dropsy of the womb, or of the ovaria, will produce similar effects. Women that never conceived, who are of a full habit, and have painful and profuse menstruation, frequently have a watery, milky fluid in

their breasts, that might subject them to censure, from those who are not acquainted with the laws of the animal economy, by which such effects may be produced.

114. "Professor Post," says Dr. Francis, "has lately communicated to me the following singular fact: A lady of this city (Philadelphia) was about fourteen years ago, delivered of a healthy child, after a natural labor; since that period her breasts have regularly secreted milk in great abundance; so that, to use her own language, she could at all times easily do the office of a nurse; and she has uniformly enjoyed good health. She is now (1825) about 35 years of age; has never proved pregnant a second time, nor had any return of her monthly discharge."

115. The knowledge of such facts is of infinite moment to all who wish to acquire correct information in medical jurisprudence. We have known the innocent involved in difficulties by the ignorance and malignity of persons making pretensions to obstetrical skill, and a knowledge of the laws of the animal economy, with which they were not sufficiently acquainted to qualify them for competent witnesses, or judicious jurors. We have known two instances of women whose breasts

were in a situation similar to that described by Professor Post, for many years after that period of life had gone by, in which the menses ceased to flow, and neither of them had ever menstruated after the birth of their youngest child.

116. If a pregnant woman be affected with headache, drowsiness, heart-burn, indigestion, nausea, vomiting, giddiness, costiveness, hysteric affections and cramps, nothing will so effectually relieve her as a full course of medicine, at intervals of five, six or eight days, as the emergency may require; during the intermediate days, Dr. Logan's long course, for a description of which, the reader is referred to the appendix. This course of Thomsonian medicine has an astonishing salutary influence, to correct the bile, remove dyspepsy, deterge the first passages, and rouse a healthy action through the system. Dr. Thomson deserves our warmest gratitude for having directed our attention to such invaluable medicine: and every experienced, honest Thomsonian, who has tested the benign influence of Dr. Logan's devise in administering them, during the intervals between full Thomsonian courses, will say with us he deserves, and will receive the commendation of the brotherhood. He is no invader of Thomsonian rights, but an honorable builder on a good foundation.

117. In case of sour belchings—for morbid acidities often abound in the stomachs of pregnant women, especially during the continuance of what is proverbially called the breeding sickness—additional aid may be derived from the frequent use of a solution of a little pearlash in common water. The *sal æratus* is more palatable, and consequently often preferable. However, half a tea spoonful of either of these alkaline salts may be dissolved in half a pint of water, to which may be added a few spoonsful of sweet milk to correct the taste, may be drank at two or three draughts; repeating as occasion may require. A small portion of either of these may occasionally be added with a dose of composition tea, or any of the other medicine recommended above. Small draughts of white ley, made from hickory or white ash bark—that obtained from the ashes of corn-cobs is still better—may be occasionally used; and some insist they have found the last preferable to all others, being more palatable, with the addition of a little sweet milk, and more speedy and certain in its effects.

118. If nausea is the prevailing difficulty, or diarrhœa supervene, it will be advisable frequently to administer tea spoonful doses of the *Ohio Kercuma*, in fine powder; to each dose add one, two

or three tea spoonsful of No. 6, and a small quantity of water—sweeten the mixture and take it. We sometimes prefer giving the Kerenma in composition tea: we occasionally add, when we give it in water, a small quantity of best African cayenne, with a view to warm the stomach; to take off a morbid and produce a salutary action, and excite a determination to the surface;—thus removing the obstructions which occasions the difficulty, the effects will cease, and the patient be relieved.

119. If costiveness predominates, injections should not be neglected. The object of injections is not merely to move the bowels. In obstinate costiveness, it may be fairly presumed that the disease has a special location, in some measure, on the bowels, and it is highly proper to apply a remedy as near to the part particularly affected, as is practicable.

120. The great Father of the new Botanic system observes: "The doctors have long been in the practice of directing injections to be given to their patients, but they seem to have no other object in view in administering them, than to cause a movement in the bowels, therefore it was immaterial what they were made of."

121. "According to the plan," says Dr. Thom-

son, "which I have adopted, there are certain important objects to be aimed at, in the administration of medicine for the removal of disease, viz : to raise the internal heat; promote perspiration, remove the canker," [corruptive slough, foul, eruptive encrustation, or tough, adhering, sloughy coat, that frequently covers the tongue, envelopes the teeth and gums, and forms a morbid covering of the internal surface of the stomach and bowels,] "to guard against mortification and restore digestion."

122. "To accomplish these objects," adds the doctor, "the medicine necessary to remove the complaint, must be applied to that part where the disease is [more particularly] seated. If the complaint be seated in the stomach only, it may be removed by taking medicine into it; but if the bowels be the special seat of disease, the same kind of medicine must be given by injections. Whatever is good to cure disease, when taken into the stomach, is likewise good for the same purpose, if given by injections; as the grand object is to warm the bowels, and remove the canker."

123. He further remarks, that, "In all cases of dysentery, cholic, piles, and other complaints, where the bowels are badly affected, injections should never be dispensed with. They are perfectly safe in

all cases. It is better they should be used ten times, when they are not really necessary, than to be once neglected, when they are needed."

124. "In many violent cases, particularly where there is danger of mortification, patients may be relieved by administering medicine in this way, when there would not be a chance of doing any thing beneficial in any other way. I do, therefore, most seriously advise, that these considerations be always borne in mind: and that this important way of giving relief never be neglected, where there is any possible chance to render any useful service in this way."

125. We now come to the particular point we had in view in giving this extract. The doctor proceeds to say, "In many complaints peculiar to females, they [injections] are of the greatest importance in giving relief, when properly attended to; for which purpose it is only necessary to repeat what has been before stated: let the remedy be applied with judgment and discretion to the part where the disease is seated." See appendix, under the head "injections."

126. We frequently meet with persons who will insist on purgative medicines. They are more seldom necessary than many can be persuaded to

believe. Drastic purgatives we never use. Such as are gently laxative, are occasionally useful. Emetics may cleanse the stomach, injections may act upon the rectum, but can seldom penetrate without violence, beyond the valvuli coli, or little membranous valve situated in the colon, preventing the contents of the bowels, below it, from returning back. Injections, however, may operate sympathetically, extending an influence through the intestinal tract to the stomach; hence, by injections with an infusion, or tincture of lobelia, or more readily with Dr. Thomson's third preparation, vomiting may be induced. But when the stomach and rectum have been well evacuated, and the bowels remain torpid and inactive, there is frequently good reason to believe, that an acid predominates, which has so far neutralized the alkaline portions of the bile, as to unfit it for the peculiar function of keeping up the peristaltic motion, and carrying off, naturally, the morbid contents of the bowels. In these cases, laxatives—that is, mild cathartics—so prepared with alkaline substances, as in turn may neutralize the superabundant and morbid acid, and restore the bile to its natural and healthy condition, and facilitate the passage of the contents of the bowels to their final de-

jection, by stool. Neutralizing laxatives, of course may be occasionally useful, but more seldom absolutely necessary, than many, otherwise judicious persons, can be induced to believe. A large tea spoonful of the pleurisy root, finely pulverized, and taken morning, noon and night, with a little sal æratus, will have a salutary effect.

127. Dropsical swellings, diarrhœa, and other affections, indicative of an extensive derangement of the system, will require a regular and faithful course of medicine. This must be followed by Dr. Logan's long course, adding to each dose a small portion of the Thomsonian bitter root. Dropsical swellings of the legs will require a nightly immersion of the feet and legs in warm salt and water, accompanied by friction with the hands, rubbing the limbs from the toes upwards to the body, and afterwards swathing them with a rolled bandage, commencing from the toes, and rolling on as high as the swelling extends. It is sometimes necessary, for the greater security of these bandages, to have them of a length sufficient to give them a turn or two round the bottom of the waist. When the swelling abates, as it commonly does in the morning, or at any time after the patient has laid a few hours in a horizontal position, the bandages

will be loose and require to be taken off, and rolled on again. We have sometimes had occasion to repeat this operation three times in twenty-four hours. Night and morning is commonly often enough to renew their application.

128. If hysteric, cramps and cholic pains be the chief difficulty, a course of medicine should be aided by a liberal use of the wild valerian, skunk cabbage, and cholic root, with composition tea, with occasional doses of cayenne with molasses, or sweet milk, to which sugar or molasses has been liberally added. Injections of Thomson's third preparation of lobelia, with the nerve powder, in skunk cabbage tea, with two or three tea spoonsful of No. 6, will often afford very sudden relief. Jewett's stimulating lotion, or his stimulating antispasmodic liniment, will be found an invaluable external application, when applied with a warm hand, with sufficient friction to restore heat when the extremities are cold; and to remove pain from the head, breast, bowels or sides. Bathing the feet at night, and going warm to bed, will always be indispensable, with warm stones or bricks to the feet, knees and loins, as the case may appear to require. These means, though simple, are so important, the direction cannot be

too often repeated, or too strenuously enjoined. The cholic root, when the stomach and bowels are flatulent, should be given in substance finely pulverized, or in strong infusion, and in liberal doses, and will often succeed, when other means cannot be obtained. It is, of itself, a very valuable article for the practitioner, and for his patient more especially.

129. If a cough supervene, give an emetic; then cough powders and cough syrup, with Jewett's liniment to be applied to the stomach and between the shoulders, well rubbed in, and spread on thin leather, and worn plasterwise, and daily renewed. These new articles can be obtained of the proprietor and discoverer in this city, [Columbus] and of divers agents in different sections of the country. The unprecedented excellence of divers of his preparations for external applications, has been fully tested by us, and we have no hesitancy in recommending them as extraordinary medicine. When they shall be once introduced into common use, they will establish a new era in the Botanic practice, as they are composed of vegetable and animal substances, without a **mixture** of any of the mineral poisons.

CHAPTER XIII.

130. Of abortion—131. Denman's remark on—132. Seldom occur among the aborigines of our country—133. Abortions and miscarriages, how distinguished—134, 135. The usual precursors of abortion—136. Directions for the patient—137. The lancet to be avoided—138. Objections to the dashing of cold water to the abdomen, &c.—139. Remark of Denman on uterine hemorrhages—140. The unity of disease—141. The Thomsonian mode of treating hemorrhagic affections.

130. Cases of erratic pains and threatened abortion, may happen at any period of pregnancy, and may be occasioned by fatigue, lifting, and carrying heavy burdens; by jumping or straining; by blows, falls, violent passions, and divers accidents. With some women abortion becomes habitual at a certain period of gestation. It appears that in many such cases, the uterus becoming incapable of distention "beyond a certain size, before it assumes its disposition to act," cannot easily be quieted until its contents be expelled. Morbid derangement in the uterine functions, or other unknown cause, may occasion the death of the child, and induce a disposition to miscarry. Though instances have occurred of the death of the fœtus in the early months of gestation, and the woman has gone her full period; but from the diseased con-

dition of the membranes and their contents, that commonly ensues, soon after the death of the child, nature rouses her efforts, and excludes the offending load from the graved womb.

131. Dr. Denman remarks, that "greater practical benefit will be obtained, if we seek for the causes of abortion in the general infirmity of the constitution, or from the particular state of the uterus or its appendages, or in want of necessary attention to this situation, than by imputing it to these accidents," that we have named. However, mere debility, or feebleness and delicacy of constitution, cannot be a common cause of abortion; for many a weakly woman, of a slender frame and delicate habit, has a prolific womb, and becomes the mother of a large family of children, without an instance of abortion.

132. Abortions seldom occur among the aborigines of our country, and more seldom occur amidst the active scenes of a country life. They more frequently happen in populous cities, among the sedentary in confined situations, and more particularly among the rich and indolent, that roll in luxury, and indulge in those extravagant habits of dress, and voluptuous living, that undermine their constitutions, and disqualifies them for a successful propagation of the human species.

133. Abortions and miscarriages have sometimes been distinguished by limiting the first to the unfortunate occurrence of the casualty to the early months of pregnancy; and the second to the intermediate time from thence to the seventh month. From thence, labor accruing at any period before the full time, is accounted premature.

134. Abortions, as before intimated, occur most frequently during the first three months of pregnancy. The usual precursors are low spirits, lassitude, wandering pains in the back, across the loins, in the abdomen and lower limbs, anxiety, a sense of weight, weakness and pressing down in the region of the womb, frequent inclination to pass urine, shiverings, sickness at the stomach, belchings, palpitations of the heart, faintness, hysterical disturbance of the whole system—the mouth of the womb [os tincoe] begin to open, and moist, slimy discharges are perceived; a show of blood appears, and frequently a flooding comes on with alarming rapidity.

135. These symptoms do not always occur regularly in all cases of threatened abortion; and numerous are the instances in which women have gone safely through, after being subjected to an alarming train of difficulties, that had seemed to

insure miscarriage without remedy. Some miscarry hastily in a few hours ; others with lingering and severe pains, go many days, and even weeks, before the abortion is completed. In all, the flooding that sometimes happens is the symptom that demands special attention.

136. The patient should endeavor patiently to compose herself, avoid indulging her passions and guard against those agitations of body or mind, to which from her irritable condition she will be particularly liable. She should recline quietly in bed, when the hemorrhage is profuse ; and in fact it is the best position she can be in when not engaged in unavoidable exercise.

137. The custom of the regular faculty in these cases, has been to resort to the lancet ; and when the fountain of the woman's life has been flowing off like a torrent, to hurry the work of death by opening a vein in the arm, and bleeding profusely from a large orifice. True, this extra exhaustion of blood may stay an hemorrhage in the same way it would have been stayed by its own action, the vessels being emptied until the open extremities began to collapse, or such vascular debility induced, that the circulatory vessels loose their power to act, and can no longer impel the blood along.

138. Dashing cold water over, and applying cloths wet in cold water to the abdomen, and to the bottom of the belly, and applying lumps of ice, and putting them up the vagina, have been strongly recommended. To this also we object.

1st, Because the woman is liable to take a sudden and violent cold, and to be thrown into a state of disease worse than that which it was intended to prevent.

2d. Because the cold water and ice applied to the vagina, checks the hemorrhage by coagulating the blood, and forming an artificial obstruction, like putting up stoppers of rags, or sponges, or wads of tow. The hemorrhage stopped at the os externa, may be going on inwardly, until the womb itself may be distended with the clotted blood, by which it is prevented from contracting and recovering its natural size and position; and until this is effected, the cause of the difficulty remains untouched.

3d, These coagula while retained are a source of constant irritation to the parts; are liable to become vitiated and induce disease of an alarming character; and they cannot be voided without pain; and when voided there is danger of the recurrence of the hemorrhage. If we consider mis-

carriages and the consequent hemorrhage as arising from feebleness of constitution, or weakness, general or local, the lancet applied to the veins, and ice plugs to the vagina, can never promise a happy result. We should have higher aims than the temporary relief, of a local difficulty, by means so revolting to human feelings.

4th. The application of ice and cold water, where the power of reaction remains in the system, must aggravate instead of relieving the real difficulty. When blood does not flow freely from a vein opened with a lancet, the readiest way to increase the activity of the vessels, and promote the discharge, is a cold application to the limb below the ligature. This many a soldier has witnessed, whose arm we have rubbed with a handful of snow and suddenly accomplished our designs. We then had confidence in the lancet because Cullen, Rush and others, highly recommended it; and, though often compelled to doubt its extensive usefulness, consoled ourselves with the question,—“Who knows best, you or these learned doctors?”

139. A remark of Dr. Denman is worthy of notice. “A notion,” says he, “of there being something mysterious in uterine hemorrhages different from any other part of the body, has been enter-

tained, and supposed to occasion the necessity of a peculiar treatment. But it is now agreed, that the general principles, which guide us in the treatment of hemorrhages from any other part of the body, are with equal propriety applicable to those from the uterus. We must, however, recollect, that in uterine hemorrhages, depending on pregnancies, there is an additional circumstance, which we are ever to bear in mind; that they are ultimately to be suppressed by the action of the uterus, contracting its cavity into a less compass, of course lessening the dimensions of the vessels, and expelling whatever may be contained in its cavity"—This peculiarity it is well enough to understand, but it is of very trivial consequence in a practical point of view.

140. We who believe in the essential unity of disease are ready to subscribe to one general mode of treatment, as relates to remedies; though local differences may arise in relation to the manner of their application, as we would not bind a plaster on the big toe to heal a sore on the thumb.

141. Here it will be proper to remark, that it is not a general plethora or over fulness and excessive quantity of blood that occasions hemorrhage, but a functional derangement of the vascular sys-

tem; an unequal diffusion of animal heat, and consequent irregularity of arterial and venous action. Dr. Thomson teaches, and we also believe and teach, that, as soon as an equilibrium in the circulation can be obtained, there will be no more unequal pressure of the blood on the vessels of the lungs, stomach or uterus, or any other part where the hemorrhagic determination has existed. Stimulating frictions to the extremities; a liberal use of cayenne, composition tea sipped hot—or in want thereof, ginger tea and black pepper may be used as a substitute with advantage. A large teaspoonful of No. 2, may be mixed with molasses, or sweet milk, repeated every fifteen or twenty minutes in cases of great emergency. Keep the feet warm; and instead of cold water and ice, inject into the vagina and uterus, a tea of red raspberry leaves and bayberry, with a little No. 6, and a teaspoonful of 3d preparation, blood warm. Inject large quantities and repeat until the object be obtained. The common injection made of a strong tea of No. 3, to which add No. 2, and No. 6, should be liberally injected into the bowels. An emetic of the lobelia has succeeded when all other remedies have seemed to fail. The same directions will apply to those cases of flooding that sometimes follow the birth of a full grown child.

CHAPTER XIV.

142. The contents of the pregnant womb more minutely examined—143. Of the navel cord—144. Of the after-birth—145. Circulation between mother and child—146. Harvey's opinion—147. The opinions of Drs. Denman and Hosack—148. The usual term, period, or length of time from conception to the birth of the *fœtus*—149, 150, 151, 152. The subject continued.

142. But it is time for us to return and examine, more minutely, the state of the gravid uterus [pregnant womb.] The whole contents of the womb of a pregnant woman, the mass of her conception, in technical language, are comprised under the general term OVUM, or EGG. The component parts of the conception commence in the ovum, which in its early residence in the womb is free and unattached, with but little enlargement for a season, but in the course of the second month there is a greater increase of size and development of organic parts, which progressively and successively, more fully appear, until about the middle of the fourth month, "then the state of the *embryo* ceases and that of the *fœtus* begins, which is continued to the termination of pregnancy." In connexion with the *fœtus* we find the *funis umbilicalis*, or navel cord; the placenta, or afterbirth;

the sack which contains the fœtus—this is composed of two membranes : the exterior membrane is called the chorion, the inner membrane is called amnion ; hence the waters in which the fœtus swims, is called the *amnion water*, or liquor amnii. In the chamber of parturition, when the membranes are ruptured, and the liquor amnii has escaped, the women say of the patient, her '*water is broke.*'

143. The funis umbilicalis, or navel cord, proceeds from the navel of the child, to the placenta, or afterbirth, contained in the mother's womb. It is the medium of communication between the fœtus and placenta. It is usually formed of two arteries and one vein, but instances occur in which there has been but one artery. Denman observes, and we have found it true, that "The arteries very often twist round the vein in a very curious and beautiful manner ; sometimes they run in a parallel line with the vein ; and in some instances, the arteries are contorted in such a manner as to make upon the funis [navel string or cord] one or more large tumors, or bunches, resembling excrescences." It is of different lengths in different subjects. A medium length is about twenty-two or twenty-three inches. Some are much shorter, others much longer.

144. The placenta, or afterbirth, which in the order of nature is discharged after the birth of a child, is a circular, flat, spongy, vascular, fleshy substance. It is commonly seven or eight inches in diameter, more than an inch thick in the centre, gradually becoming thinner towards its edge from which the membranes are continued. It is a compound of arteries and veins, with a mixture of pulpy, spongy, cellular substance. The exterior surface is attached, or adheres to the uterus by the intervention of a connecting cellular membrane of very delicate texture. It most commonly adheres to the anterior and middle regions of the womb, but occasionally to other parts. It has sometimes been found attached in the neck of the womb, even as low as the os uteri. Thus situated, as labor advances it may occasion troublesome and dangerous floodings: but this is not a common occurrence.

145. We shall not here attempt, minutely, to explain how the blood circulates between the mother and her unborn child. That the child derives its nourishment and growth of itself and of the parts connected with it from the mother is obvious. The afterbirth being thus connected with the womb, and the child connected with the afterbirth by the umbilical cord evinces the fact, "It

is thought," says an intelligent writer, "that the blood, which has probably undergone some preparatory changes in its passage through the uterus, is conducted by the uterine or maternal arteries of the placenta, to some cells or small cavities in which it is deposited; and that some part of it, or something secreted from it, is absorbed by the fœtal veins of the placenta, and by them conveyed to the fœtus for its nourishment. When the blood which circulates in the fœtus requires any alteration in its qualities, or when it has gone through the course of the circulation, it is carried by the arteries of the funis to the placenta, in the cells of which it is deposited, and then absorbed by the maternal veins of the placenta, and conducted to the uterus, whence it may enter the common circulation of the parent."

146. Thus it appears, according to the opinion of Harvey, that the placenta performs the office of a gland, conveying air, or secreting nutritious juices from the blood, brought from the parent by the arteries of the uterus, and carried to the fœtus by the veins of the funis, in a manner, probably, not unlike to that in which milk is secreted and absorbed in the breasts."

147. "The blood of the fœtus is," says Dr.

Denman, "with regard to its formation, increase and circulation, unconnected with and totally independent of the parent; except the *matter by which the blood of the fœtus is formed* must be derived from the parent." Professor Hosack appears to reject this opinion. He believes the blood already originated, passes by direct communication from the mother to the unborn child. We shall not attempt to settle the controversy. There is no practical advantage to be derived from these nicely balanced distinctions.

148. The term of utero gestation, or length of time from conception to the commencement of labor differs materially in different women, and in the same woman at different times. This has occasioned some trifling difference in the statement made by different authors in relation to this matter. HOFFMAN states that the usual time of women's pregnancy, is nine solar months. JUNKER says, that women usually enclude the fœtus forty weeks, [280 days] from the time of their being with child. "It seems," says Dr. Dewees, "from the best calculations that can be made, that nine calendar months, or forty weeks, approaches the truth so nearly, that we scarcely need desire more accuracy could it be obtained." That this is com-

mon time, the world over, is a sentiment established by general observation and experience of women and of authors who have given us their opinion on the subject. This period may be greatly curtailed as we have already seen, while treating on abortive births; it may also be extended for many days by a variety of causes we may not be able fully to understand.

149. The uncertainty of the time of conception, in many cases, renders it utterly impossible for a woman to anticipate, with any good degree of decision the time when she will be confined. Some, we have noticed, do not go their full time. All expulsions of the fœtus, previous to the close of the sixth month have been by many writers accounted abortions; and all expulsions in the three last months, have been accounted either premature or irregular. Others, as we have previously suggested, make more critical distinctions; they calculate that if the expulsion takes place in the first three months, while the conception is in an embryo condition, it is an abortion. If from the end of the third month to the end of the seventh it is a miscarriage; from thence at any period short of the full time, it is a premature labor. We should hardly call it a miscarriage when a child has been

born with full developed shapes, and of sufficient maturity to survive the scene with a tolerable degree of safety.

150. Some women, it is certain, exceed the period we have allotted them by many days, and even weeks. Testimony has been so strong under circumstances where no earthly inducement existed to occasion any deception, that we cannot withhold our firm belief, that the period has with many been protracted far beyond what the inexperienced and unobserving can readily be induced to believe. We wish not to mislead the honest enquirer after facts on so delicate and interesting a point. We would rend the veil of whimsical and credulous superstition from every mind. A correct, judicious understanding of this matter is sometimes a point of deep and trying concern in a legal point of view. The extraordinary deviations that have sometimes taken place with brutes, in relation to their natural, or usual and regular time, where the calculation could be made with the utmost precision, may serve in some measure to restrain, under certain circumstances, unreasonable censure, and excite a humane, ingenuous exercise of liberal charity.

151. "Cases are reported," says Dr. Knowlton,

“where the usual period was exceeded by five or six months ; cases too, where the circumstances attending them, and the respectability of their reporters are such, as to command our belief.” Dr. Dewees, whom we have several times quoted, is a writer whose talents are of the highest order ; whose reputation, as a candid, judicious author, stands fair and unimpeachable, appears to have examined this subject critically and impartially. He asserts, as his unequivocal conviction, that the commonly fixed period may be extended from thirteen days to six weeks, under the influence of certain causes, or peculiarities of constitution. On a question involving so many peculiarities, and so deeply connected with the peace and happiness of families, and the reputation of individuals, a judicious decision can only be made by a careful investigation of circumstances, and the common credibility of the person or persons on whose testimony we presume to rely.

152. It seems to be a common custom for women to commence the reckoning of their time from the last shew of menstruation—but the *shews*, resembling menstruation, that frequently attend some women after conception, and may happen to any one, render this kind of testimony exceedingly

precarious. But if a woman, otherwise in health, who by sexual commerce has rendered herself liable to conceive, discovers that she does not menstruate at her usual period, has a right to suspect that she conceived at the time of her exposure. If the circumstances on which she might have relied have escaped her recollection, she will recollect her natural propensity to sexual intercourse, and consequent liability to conceive, are commonly greater soon after, than immediately before menstruation; and taking a middle time between the period of her last catamenial discharge and that of the next expected time of menstruation, a date may often be ascertained, from which the woman may commence her reckoning with tolerable exactness.

CHAPTER XV.

153, 154. The principle of vitality—155. Of impressions made by mothers on an unborn child; the resemblance of children to parents—156. Definition of the term secundines; description of the pelvis—157. Importance of a well shaped pelvis—158. No two females formed exactly alike.—159. Of the descent of the child through the bones of the pelvis—160. Of the constantly changing position of the child, and usefulness of an anatomical knowledge of the pelvis.

153. We have already asserted the sentiment, that the little vital spark of being, or simple animalculæ seminalis of the male semen, endowed with the principle of vitality, is the part of the conception supplied by the father; and is, and remains to be, that which constitutes the individuality or personal identity of the being to be born. It was said to Jacob, "King's shall come out of thy loins;" and to David, "Thou shalt not build the house; but *thy son*, that shall come forth *out of thy loins*, he shall build the house unto my name."

154. The residue of the contents of the gravid uterus, are undoubtedly furnished by the mother. After the sexual embrace has transpired, the sire has no further concern in the production.

155. If climate, soil, habits, customs and modes of subsistence, in their endless diversity, produce visible and undeniable differences in features, countenances, complexions, varieties of size and figure, natural propensity and moral feelings of man, shall we think it strange, that such an extremely delicate and minute germ of human existence, as the seminal animalculæ that receives all its nourishment from the maternal fountain of the mother's blood, that by her longing, and by frights and casualties that may befall her, is liable to injuries,

deformities and destruction of life should bear the impress of her likeness? Is it not perfectly natural, that the conception which in the embryo state, is a soft, jellied, mucilaginous consistence should be liable to receive strong, indelible impressions from the mother; and that she should communicate something of her own image, and often communicate much of her natural disposition to her unborn child. It has been noticed by discerning writers, that children commonly share more largely of the mental faculties of the mother than of the father. A thousand incidents may occur to depress the mental powers—phrenologists will point to the cranium, and designate the marks of native genius; but females of dull and stupid intellect, seldom produce children of strong and vigorous minds, by whomsoever they may have been begotten. There appears, however, to be exceptions to this general rule of observation: instances have occurred, where both father and mother have manifested no extraordinary mental powers, in whose offspring the mighty mind of some sleeping ancestor has roused anew, and exhibited in a distant posterity, genius and wisdom, by a kind of intellectual resurrection. The strong resemblance that children bear to both father and mother, is so com-

mon and so evident, that we are constrained to say, that from a candid and important review of all the facts, the doctrines we have advanced are correct beyond conjecture, and must present themselves to the reader abundantly confirmed.

156. Here let it be remarked, that the whole contents of the gravid uterus, (with the exception of the foetus,) including the placenta, [afterbirth,] funis, [navel cord,] the membranes, amnion waters, accidental appendages, and every thing included within the membranes is distinguished by the general term, secundines. The pregnant womb with its whole contents is contained in that cavity below, or in the under part of the belly, as it is called in common language. This cavity is called the PELVIS. The pelvis not only contains the womb and its contents, but it contains the rectum, or lower portion of the bowels, the urinal bladder, the internal organs of generation; and is furnished with appropriate bones and muscles. Although the term pelvis, has been promiscuously applied to the whole cavity of the lower belly, comprising the bones which form it, yet in relation to obstetrics we shall, as others have done, restrict the term as more particularly denoting the bones that form this basin, as the term signifies, and call the space

between those bones, the cavity of the pelvis. In a person of adult age, it consists of four bones : the sacrum, which is situated below the spine, of which it forms the basis ; the os coxycygis, or the crooper bone, which is a small appendage to the inferior point of the sacrum, though some account it a distinct bone ; it is called coxcyges, because in shape it resembles the bill of the cuckoo, as the etymology of the word indicates. The ossa innominata, are the broad large bones that constitute the lateral walls, include the shear bone beneath the pubes, the ilium, or hip bones on either hand, and forming in connexion the front and sides of the cavity of the pelvis, and the lower part of the sides of the abdomen. In infancy the bones of the pelvis consist of a great number of distinct, gristly, semi-ossified parts—these, from their structure and substance in a fœtus, are flexible and yielding. “ In the fœtus,” says M. D. Leurie, an accoucheur of acknowledged talents, “ the pelvis is soft and flexible, which facilitates the different attitudes it takes in the uterus, and favors delivery by the breech and feet ; in both cases, the pieces of which it is composed perform by their flexibility what the bones of the head do in a natural birth.”

We do not conceive they can undergo any great

change of figure, but their cartilaginous softness and flexibility demonstrate that those who have conceived of this state of the infant pelvis as being more favorable, or giving more facility to their birth, than if they had acquired the rigidity and bony firmness of maturer years, are not so much deceived as some may have imagined.

157. To a woman whose lot it is to conceive and bear children, it is important that she be well shaped, without irregularity, or deformity in the structure of the basin of her body, which is the destined residence of her unborn child, and through the aperture of which it must make its way to behold the light of the world. If it be sufficiently wide and roomy in its upper chamber, and the brim have an equal, regular, undeformed surface, and the lower aperture be only contracted to a size suited to give steadiness and security to her burden, we should not hesitate to console the woman on these considerations, and congratulate her situation when compared with some of those dear daughters of misfortune, whose pelvis is perhaps so deranged and deformed in its organic structure, that they can never bear a living child; and the risk of labor is the risk of their lives. Rickety incurvations of the spine, and flattened state of the

bones of the ribs, are generally, if not universally, attended with some consequent deformity or misshape, of some portion of the pelvis.

158. To enter into a minute anatomical description of the form, size, complicated dimensions, peculiarities of mechanism, in a well made female pelvis, and its adaptation to the special purpose for which providence has designed it, is foreign from our present intention. There exists among women an endless diversity of shape in the basin of their bodies. No two can be found exactly alike. After all the scientific attempts to measure the dimensions of the pelvis of the living subject, it is only an empty show of useless wisdom. Denman has well observed, "we know there is in the pelvis of every individual woman, some variety; and that the exact knowledge of these varieties, on which the explanation of a mechanical process must depend, cannot be gained in a living subject."

159. When there is a child to be born it must pass through the space, or descend through the passage nature has provided; and this passage is capable of some distension. If it can be of material service to parade our pelvimetre, and take dimensions with mathematic skill, ought we not to examine and have the dimensions of the head and

other parts, and to know exactly how far they are compressible. It may be "altered in a manner, and to a degree of which it is impossible to form any previous judgment."

160. If after all the boasted wisdom of the schools, no one can determine with unequivocal precision the exact dimensions of the avenue through which the child must pass, nor yet the measurement of the head and trunk of the *fœtus*, nor fully ascertain the variety and order of the constantly changing position, nor the force of uterine compression, and the co-operative protruding or expelling power of all the combined impulses of maternal exertion in the moments of her extremity, let us forever abandon the idea of explaining all the circumstances attending the process of parturition, as relates to mother and child, upon mechanical principles. If a woman have a well formed pelvis, and is otherwise well formed for child-bearing, let her be thankful.—If she have a distorted pelvis, and is the unfortunate subject of extensive malformation, the most accurate knowledge of the existing facts would yield but a faint light to direct us in the operations of art, to afford relief to the afflicted.

A thorough knowledge of the mechanism or an-

atomical structure of the pelvis, of the organs of generation, and of the whole body, is undoubtedly useful for many purposes, but is not absolutely indispensable, to make a capable and successful practitioner of midwifery. At the same time it is admitted, that every kind and degree of knowledge that can afford any service in a time of difficulty, is worthy the diligent and laborious pursuit of all who wish to excel in obstetrical practice.

CHAPTER XVI.

161. Signs of approaching labor—162, 163, 164. The subject continued—165. Diversity in the symptoms, and complainings of women—165, 166, 167. But little manual assistance needed in natural labor; labor is the work of nature; excessive efforts on that part of the woman injurious—168. Pretensions to great skill often injurious—169, 170. The subject continued; the practitioner should be calm and collected—171, 172, 173, 174, 175, 176. General instructions for the management of labor—177. How to proceed when labor lingers—178. Looseness of the bowels sometimes beneficial—179. Nausea and vomiting are not unfavorable symptoms—180. How to effect a relaxation of parts immediately concerned in parturition.

161. We will now proceed to notice the case of a woman whose term of utero gestation has fully

elapsed. No deformity exists—no doubt of her pregnancy remains. The usual signs of approaching labor are a remarkable subsidence or descent of the womb and its contents, and a consequent sinking down of the upper portion of the belly. Slight wandering pains admonish her of the approaching crisis. These premonitory events commonly happen several days before actual labor commences. The descent of the head of the child, pressing heavily on the mouth of the womb, or peculiar agitation, anxiety and disquietude of body and mind, distinguish real labor from those false and lingering pains, that sometimes disturb, distress and alarm a woman several weeks, and sometimes two months before her time.

162. As labor progresses, on examination it will be found, in most instances, that the labia are considerably enlarged; in all, a little increased in their fulness. The pains, returning regularly, and distinctly, after short intervals, the parts become more pliable, and admit of distension with greater facility, by the effusion of an emolient mucous secretion from the vagina, and other parts of the genital organs. This whitish, slimy discharge, is, in all ordinary cases, slightly streaked with blood. The contracting womb continues to press the fœ-

tus along; the head is borne down upon the os uteri; this orifice dilates gradually,—sometimes suddenly. After a while we perceive the pains are still increasing in frequency,—are more acute, and continue longer. The whole system begins to become more agitated—the blood mounts in reddening flashes to the face; and, sometimes, the stomach is affected with extreme nausea, and even vomiting: sometimes tremors affect the whole frame. Now, and probably before, as her pains have been increasing and the labor advancing, her calls to pass urine must have been, and will continue to be, frequent. The membranes are propelled downwards, with the amnion waters they contain; forming a kind of pouch, or bladder, protruding before the head of the child; which can be distinctly perceived by the touch.

163. At this period the general symptoms of labor increase vehemently; the fluid secretions are more copious, the mouth of the womb dilates more and more, the os externa and the passage of the vagina yield, and accommodate themselves to suit the emergency. The os uteri being distended, becomes sensibly thinner in its whole circumference, and begins to recede; a peculiar trembling commonly seizes the lower joints; the patient is oft-

en conscious that her pains, though severe, are regularly accomplishing the desired effect.—In this confidence she should be courtcously and faithfully sustained. The fœtus advancing, anxiety increasing, the face becomes more intensely red,—she seizes her attendants by the hand,—she feels the deepest interest in all that transpires in relation to herself. In this situation, the crown of the head being low, cannot only be distinctly felt, but partially embraced in its circumference by the fingers; and the woman is almost universally sensible of her want of some assistance.

164. When labor has advanced thus far, kind mother nature if abandoned to her own unaided operations, would, in an infinite majority of cases, complete the process with a good degree of safety to mother and child. Still it is prudent, by judicious precaution and tender care, to obviate unnecessary accidents; to avoid injuries by holding the child in a steady position, and giving such gentle assistance, as common sense must dictate. Receiving the child,—preventing its fall,—securing the naval cord,—assisting in the removal and disposal of the afterbirth, are items of duty which the occasion will naturally suggest.—In performing these rights of humanity, no instruments of death are needed; no violence to be used.

165. We have now given an account of the commencement and progress of a labor strictly NATURAL; but it should be distinctly understood, that the symptoms and circumstances of labor do not uniformly occur in the same order, nor at all times accompanied with the same severity. There is a great diversity in the complainings and sufferings of different women, and of the same woman at different times. Where labor is perfectly natural, it is obvious but little assistance farther than we have named, can be absolutely necessary; but some women incline to have more assistance than others do, in similar circumstances.

166. Dr. Whitney remarks, "I have attended many cases where I found the attendants alarmed, and some in tears, from supposing they should have had help sooner: fearing the worst consequences from delay; but, admitting that the 'doctor knew best,' they would calmly wait for hours; when in nature's time all ended well. And I pledge myself as a physician, that all honest doctors will tell you, that *labor* is the work of *nature*, and she generally accomplishes it *best* when left to herself."

167. A humane midwife will use every ingenuous effort in her power to quiet the useless fears, and sooth and comfort the patient. A crowd of

frightened hysterical women, assailing the ears of the woman with tales of wo and sad disasters that have attended the labors of others, should be admonished to give a more agreeable turn to their conversation. The woman should be faithfully assured of the importance of patient submission to her situation, and not to indulge that perturbation of mind that will certainly aggravate her sufferings. Instead of giving every nostrum that can be devised to raise and quicken her pains, and instructing to use all the force in her power to bear down her pains, to the wasting of her strength, and the exhaustion of her spirits, convince her as far as possible of the correctness and sufficiency of the operations of nature, and the folly and danger of being too much in a hurry.

168. The idea has some how obtained, and the evil has spread extensively, that the best practitioners are they who possess some peculiar art in restraining and regulating false pains; and promoting, by some wonder working medicine, such as are genuine. Hence, many have valued themselves for their great skill in controlling the powers of nature, and incalculable have been the mischievous effects of such ignorant and wanton pretensions. True, means can be brought to act powerfully on

the uterus, whereby mother and child may be subjected to irreparable injuries. The life of the child may be destroyed; the perinium of the mother, as we have seen, torn back to the rectum; and many other evils inflicted too terrible to mention.

169. Some, for fear that other help will be called in, and that they may lose the high reputation to which they aspire, will hurry on the labor by every means in their power, not only by dosing the patient with pain exciting medicine, and invoking the utmost efforts of the woman, but will go to work laboriously to dilate the external opening into the vagina, the vagina itself, and the mouth of the womb, to make room artificially for the passage of a child, which, with due patience, might have been born with half the suffering, and infinitely greater safety to the parent and her offspring; for such projects are imminently dangerous.

170. It is natural for a woman to have some whimsical partiality in favor of some practitioner whom she wishes to be consulted on all such occasions. Such an one may be whispering and making insinuations to the disadvantage of the attending midwife, she will avail herself of every circumstance to get up an excitement—the husband and others will get uneasy: but we would urge the

honest hearted, discerning practitioner, to be calm and collected; let nothing induce the dangerous experiment of violating the best rules of your profession, to commit the safety of the woman or child. Give a judicious prediction, and time will decide that it was not you that was mistaken.

171. If you should, in turn, be called to assist and advise, where another practitioner had been previously employed, have a care to avoid extravagant pretensions to superior skill, and shun the temptation to expedite the labor by the efforts of art, opposed to nature, merely to acquire reputation in the profession. Many advantages have been taken in this way of the ignorance and credulity of individuals, families, and all the attendants. The last midwife called in, feels secure of screening all indiscretions, and finding an apology for all accidents and misfortunes, by a disingenuous reference to the course of treatment pursued by those who had been first employed.

172. In every instance of labor, premature, officious handling is very injurious. Rough handling, even when assistance is indispensable, diverts the action of nature; is an abuse of the woman and her child, and should be promptly reprobated. True, there are some women who will complain

without any just cause, and shriek and 'scream to raise a neighbourhood, under circumstances in which others of firmer nerve, and more determined resolution, would maintain such a profound silence, that the traveller passing their door, would not be apprised that any thing was transpiring within to excite attention.

173. We repeat the injunction, that women in labor should be treated with peculiar tenderness, and that the untimely and unnecessary interference of art, counteracts the operations of nature ; it often impedes the labor ; defeating the well-meant, but ill-timed efforts of the practitioner.

174. Great caution should be exercised, not to rupture the membranes prematurely. This event deprives the parts concerned in the expulsion of the child, of their natural lubricity and moisture, indispensable to an easy labor. In all common cases, nature in this manner is a better and much safer guide than art.

175. Too much company, noise and bustle is highly improper. A throng of attendants, in a small house and confined situation, must serve rather to distract, than afford any consolation to the patient. Half a dozen midwives, each making pretensions to great skill ; ambitious competitors for

obstetric fame, assembled round a feeble woman, whose labor is of a lingering character, is always an unfortunate circumstance ; it has a disheartening influence ; and by some kind of interference or dictation, that may be difficult to evade, may protract the labor, and sometimes occasion unfortunate results. Under such circumstances, if by general concurrence all the responsibility is not fastened on the practitioner, whom they have compelled to err, a safe escape may well be accounted a fortunate, but unusual event.

176. When labor is commencing and advancing, it will always be useful in every stage to maintain an easy perspiration, and a good degree of warmth to her feet. Dr. Thomson's composition powders, in form of tea, taken warm and often repeated, have an admirable effect. They may be taken in teaspoonful doses, in a cup of boiling water, sweetened to the taste, with a little milk, as you would add to a cup of coffee : in this way it is very palatable. If there should be so much of a *show*, as to require attention, to allay your own fears or those of the woman, large doses of cayenne given in molasses or new milk, will have a most salutary effect. These medicines, and nerve powder combined with them, may be liberally administer-

ed. They will never injure. A tea of witch hazle and red raspberry leaves, and a small quantity of rattle-root, [*Botrophis serpentaria*, or black Cohosh,] may be used with much advantage, as a regulator of labor pains, without exciting any extraordinary commotion in the system.

177. If the labor lingers, and the mouth of the womb does not dilate, nor the birth appear to be advancing, and the pains die away, it will commonly be proper to urge upon the women the necessity of composing herself, and taking a little rest, and allow time for nature to rally her force without compulsion. Where you are fully convinced the presentation is natural, and no extraordinary circumstance forbids delay, this will always be the only eligible course. The medicine we have prescribed should be continued. No. 2 may be given freely, and the composition tea, to keep up the determination to the skin, and equalize action through the system. If twenty-four hours have rolled away, these, with the rattle-root tea, may be used with increasing liberality. The practitioner should be governed by circumstances. If the woman retains her strength, and is tolerably comfortable, excepting the restlessness and anxiety unavoidably connected with her situation, your

attention should not be directed to urge and hurry on the labor, but to make her as comfortable, composed and cheerful as possible.

178. A few loose stools need not alarm the patient; this is a common occurrence; and by the evacuation of the bowels, we often discover that the patient feels more easy; some part of the obstruction to the passage of the child is removed, the bladder at the same time will be more thoroughly emptied; and there will be more room, and less pressure, as it glides down to the birth. On the contrary, a state of costiveness indicates a rigidity of the parts, contiguous and adjacent, and it will always be advisable in such a case to administer injections, as the readiest way to obviate the difficulty pending from that source.

179. Sickness at the stomach, and even vomiting should not be considered an unfavorable and discouraging symptom: these are often the certain precursors of a happy issue. Uterine sympathy may affect the stomach, and the pressure of the fœtus on the rectum and urinary bladder, frequently compel an evacuation from both at the moment of the woman's last effort to expel her burden, and the dejections take place simultaneously with the birth.

180. If the organs of generation remain rigid, and the parts will not relax and yield freely, the feet and legs should be occasionally bathed in warm water up to the kness; warm composition tea should be urged upon her; the external organs of generation and their vicinity, should have cloths wrung out of hot water and faithfully applied: the woman being placed in a convenient position, on some person's knees or otherwise, having a kettle of hot water placed beneath her body, and having several folds of cloth laid over her abdomen, extending downwards to cover the genital members, the hips and upper part of the thighs; shield her with a warm blanket from the cold air, and let the water be poured on with a cup or bowl, warm as she can comfortably bear it, in a continued stream, for some time, giving the medicine as above directed, until a copious perspiration be produced, and a relaxation effected. This course being faithfully pursued, when much pain is being endured and but little sensible benefit afforded, will prepare the way for the practitioner to afford such rational assistance as may be necessary.

CHAPTER XVII.

181. Something like repetition deemed requisite ; bad management of the woman's friends ; medical dissimulation—182. Delay occasioned by ignorance and prejudice—183. Definition of natural labor—184. Slight deviations not dangerous—185. Labors how distinguished.

181. We will here remind the practitioner more concisely of some things relating to the progress of a natural labor ; which, though they have been already intimated, cannot be too firmly fixed in the mind : neither is it exactly a repetition to say, that towards the conclusion of labor, the pains will increase in rapid succession, often, almost constant, and as the child descends, are attended with greater and greater force. These pains, commencing in the small of the back, usually extend from the loins and groins, toward the external organs of generation. Sometimes commencing about the region of the navel, they die away towards the fundament, leaving a peculiar sensation of weight when the pains are gone. As the head advances, the protruding membranes bursting, and the amnion liquor evacuated, there will be a short interval in which the woman can commonly be favored with a transient respite of her suffering. We have known many instances of this kind, in which

the child was immediately afterwards born, with but a single pain. We have also found cases attended with considerable delay, and many hours of suffering have followed before the child was born. In some, the vagina and os externa have been contracted, rigid and swollen; the os uteri undilated; the uterus did not contract; the membranes, being thin from the immense volume of waters they contained, ruptured spontaneously and prematurely. These circumstances should be carefully and intelligibly explained, lest the patient and her friends should expect and require that we should do that for her which nature alone is able to accomplish. Young practitioners often labor under serious disadvantages, when such circumstances occur—some one of the woman's friends, or a friend of some distant midwife she wishes to have called in, begins to look wise, and to intimate a great concern for her safety: she whispers first to one, and then to another—takes the mother, or sister, or husband aside, makes oblique insinuations of the incompetency of the practitioner in attendance—intimations of a thousand fears that float in her imagination, are given with such apparent sympathy for the afflicted, that the alarm begins to spread, and a messenger is dispatched post

haste, to call in the assistance of some distant dame, or doctor famed for wonders he has wrought. To effect the business, several hours may intervene; the woman inclines to rest undisturbed until the promised aid arrives. Thus redeeming the time, nature, ever busy at her post, prepares for the work that is before her. The pillar of their common hope at length appears; every countenance lights up with a cheering smile of enlivened and enlivening expectation. The woman catches the animating spirit. The new practitioner manages every thing for personal advantage. He often knows he can be of no more service to the woman than her former help; only as the force of circumstances lean all in his favor. He attends to the woman, and the child is born without any apparent difficulty: and in fact, had this person, whose fate it is to reap laurels on the occasion, been at the head of the Nile, or at the mouth of Makenzie, the woman would have been just as safely delivered, with the common assistance of any humane, intelligent person, as by all the skill and wisdom the whole country could parade.

182. Many cases, however, of considerable delay, where the presentation was natural, and all omens favorable, we have known to be occasioned

by ignorance, negligence, or unconquerable prejudice against the Botanic remedies. Of course, seasonable precaution had not been used, and preparations made by a timely administration of appropriate means for the prevention of such impediments and troublesome delays.

183. We account that labor natural, as relates to the position of the child, when the head presents; *perfectly natural* when the vertex or crown of the head presents, and the hind-head inclines toward the ossa pubis or share bone, and the face towards the spine, or hollow of the sacrum; so that the woman placed on her back, the face of the child is downwards, the back of the head upwards, and the crown of the head presenting, centrally, in the passage, towards the touch of the examiner. Labors are also accounted natural, when the head presents in a different or directly contrary position, viz: with the face upwards, or inclined to either side; or when the oblique position diverges the head towards any lateral point of the passage with unequal severity. In all these positions, we see nothing more than a slight deviation from what is *perfectly natural*.

184. If the practitioner has discovered that there is any such deviation in the presentation from

what is *perfectly* natural, it would be useless to mention it, lest some unnecessary and prejudicial alarm might be excited, which would afford but a poor remuneration for the mere satisfaction of letting the patient know, that you knew the crown of the head was not an ear. These varieties, even when the face presents, or one or both arms descend with the head, need not occasion any uneasiness, nature will accommodate her efforts to suit the occasion. If the birth is not effected with the same ease, it will go forward with equal safety to mother and child.

185. Labors, that are perfectly natural as relates to the presentation of the child, may, nevertheless, be distinguished into *expedition*, *tedious*, *lingering*, and *distressing*; but these discriminations are of trivial consequence in a practical point of view. Such incidental circumstances are always obvious to all, and the instructions already given are abundantly sufficient to regulate the practice. Labor protracted beyond twenty-four hours, is accounted lingering, as most natural labors are accomplished within that period, by the unassisted operations of nature.

CHAPTER XVIII.

186. How to conduct in relation to manual aid—186, 187.

Of the position of the woman; the preparation necessary for her accommodation—188. Instruction for preparing a pallet unnecessary—189. Some prefer being placed on the knees of a friend—190. Examination, how to be conducted—191. Opening of the mouth of the womb—192. Caution necessary not to injure the perinium—193. The protrusion of the child—194. The transports of the mother and friends—195, 196, 197, 198, 199. Of the management of afterbirth; navel cord, and children apparently still-born—199, 200. Of speculative opinions, and the philosophy of life—201. The change from a uterine to a breathing life—202, 203, 204, 205, 206, 207, 208, 209, 210. Comprise general directions for the removal and management of afterbirth, navel string, and other incidental matters important to woman and child.

186. In giving manual assistance to a woman in labor, her own choice and convenience may commonly be consulted, in relation to the position in which she shall be placed. If any arrangement appears necessary, contrary to her inclinations, such arrangement should be suggested and made with tenderness and caution. The mild art of persuasion will often succeed, where the imperious assumption of authority, and a spirit of coercion, would meet with an unconquerable repulse. Still,

it must be confessed, there are some rare occurrences that authorize an entire exception to this general rule. These may require practical ingenuity, as well as obstetrical skill, accompanied with firmness, determined courage, and ingenuous, indefatigable perseverance.

187. Some women prefer to lie on a bed, upon their left side, their head a little raised, and inclining towards the middle, the lower portion of the body a little over the bedstock, over which the bed should be so drawn as to prevent all injury, or occasion any uneasiness. Let a pillow, or blanket folded together so as to form a sufficient bulk, be placed between her knees, which should be drawn up towards the body. This is accounted by the most experienced practitioners, a very eligible posture, provided it pleases to woman. Some women suffer more in one hour, than others who linger for several days; these we have noticed, by their writhings and frequent irresistible contortions of body and limbs, can hardly be persuaded to be confined to the bed. The situation recommended, is very convenient to the midwife. Being placed behind the woman, on a seat of suitable height, she can, with great facility, give all the assistance that will be requisite.

188. Some prefer a seat prepared on the side of a bed, with proper support behind them ; others, a kind of pallet, prepared on several chairs, which is so common, that the attempt to give a minute description, would be to offer an insult to the good sense and experience of our intelligent country women, rather than to furnish matter of useful instruction.

189. There are some who will prefer being placed on the knees of a husband, or a father, a mother, or of some able-bodied female friend, having her feet raised on two chairs, to a convenient height, with some person sitting on each chair to keep them steady and prevent accidents. The midwife, seated before, can give all necessary assistance.

190. The midwife who finds it necessary to make an examination, whatever position the woman be in, should be conveniently seated, and commence by introducing the point of the forefinger of the right hand, left-handed persons excepted, and carefully moving it upwards into the vagina. In searching for the os tincoe, or mouth of the uterus, it will most commonly be found curved backwards towards the rectum : by a little care it may easily be brought forward. To effect

this, having found the opening, if any exist, holding the end of the finger steadily on the edge, within the circumference of the opening, it may gently be reduced to a right position; and by holding it there, until a pain or two succeed the operation, the birth gradually advancing, and the orifice dilating, it will often be retained in its proper place.

191. This opening of the os tincoe, though small, and almost imperceptible in the beginning, dilates more and more, whether slowly or rapidly, many times depends on circumstances neither easy, nor yet necessary to be controlled.

192. We will here suggest a very important caution. If, as the head descends, it should press hard against the perinium, or space from the lower angle formed by the junction of the labia, to the verge of the anus, it will be necessary to support the parts firmly with the hand, holding a soft cloth, while with one or two fingers of the other hand, you endeavor to elevate the head to a right position. The woman should be instructed to endure her pains without any violent efforts, for such efforts have sometimes occasioned a laceration where no assistance has been given, and the labor natural; but the patient, from her own disposition or the advice of others, has hurried the birth with

a dangerous violence, putting forth all her strength, when the head of the child was at the point of coming into the world. Even when the head is born the accident to which we refer, may be occasioned by a hasty, injudicious extraction of the body of the child. We have known instances in which the entire seam has been rent, so that the vagina and rectum have exhibited but one aperture at the anus. Labors that progress rather slowly promise greater security in this matter than those in which the efforts of nature are more rapid. The support we have recommended cannot be applied with any advantage only during the time of each pain. The safest and surest mode of effecting the elevation of the head in such cases, we have thought to be this; having frequently demonstrated the fact in our own practice: introduce one or two fingers of the right hand into the rectum,—raise the palm of the hand toward the pudenda,—then, during the time of pain, press dexterously, with the finger, upwards toward the pubes, while with the lower edge of the left hand, laid transversely across the perennial region, beneath the *fourchette*, [lower angle of the labia]—pressure should be made downwards, inclining obliquely beneath the head of the child. Not-

withstanding we have occasionally seen sensible benefits resulting from such measures, carefully pursued, we have not yet to learn that it would be consummate folly to encourage in any case the interference of art, where nature had not been turned out of her course, and there was no appearance of any peculiar danger. We have known the accident to occur in one instance in passing the body of a child, after the head had protruded safely to the world. This accident was undoubtedly occasioned by the want of some kind assistant, to support and steady the child, and prevent its body from acting like the weight of a falling lever against the parts. The woman alluded to had not any assistance of any kind until after the birth of her child. In a practice of more than forty years, in which it has fallen to our lot, to attend on more than a thousand cases, nothing of the kind has ever occurred, under our management, beyond what is common to every woman with her first born. The facts are before our readers, but cases will happen in which we must refer the midwife to her own discretion. At the same time we fully believe, a vast proportion of those disastrous rendings have been occasioned by want of due precaution, by casualties that might have been avoided, and

by the officious violence of rash, adventurous practitioners. Still, it must be confessed, that occurrences of this kind have sometimes happened, under the immediate management of some of the most celebrated accoucheurs, to the great disparagement of their scientific dignity. Children are sometimes born with such surprising force and rapidity, as to give but little opportunity for any precautionary measures. The candid will weigh every circumstance, and always be careful not to attach blame to any one wrongfully, as many have done from disingenuous motives. The external orifice, which may at first have been closely contracted, retaining its fixure and opening slowly, gains time to dilate by the gradual oozing and trickling of the moist secretions from the parts beyond, and from a corresponding disposition of the external parts below, to dilate with those above, aided by a constitutional propensity of nature to accommodate the whole passage for the escape of the child and all the contents of the uterus.

193. When the head of the child has protruded through the mouth of the womb, and is being propelled forward at every pain, being held steadily, and carefully supported, and due precaution taken to avoid accidents, the efforts of nature may be

gently assisted, while the body is being expelled. The remaining portion of the fluid in which the foetus was involved, accompanied with a small quantity of blood will immediately follow—though we have known cases in which the sanguineous discharge has been so inconsiderable as merely to stain the clothes.

194. When a child is born, the sudden transition from misery, pain and fear, has a most transporting influence on female feelings; and every ingenuous, benevolent mind, witnessing the cheering scene, will feel emotions of sympathetic joy thrill through every fibre of the heart.

195. The woman, however, though greatly relieved, and in all ordinary cases the principal danger passed, is not yet free of all incumbrance—the placenta, or afterbirth, and a whole mass of secundines are yet behind. If the child be greatly exhausted we must not be too much in a hurry to cut the funis, or navel cord. The placenta being kept warm in the body, while there is pulsation in the cord, a communication may be kept up between it and the child.

196. “It seems to have been a practice with the ancients,” says Dr. Denman, “to wait a certain time after the birth of the child, for the expulsion

of the placenta, before the navel string was tied or divided; and if the child was born apparently dead, or in a very feeble state, the placenta, when expelled, was laid upon its belly, as a restoring, or comforting application. When the child revived but slowly, or when the signs of life declined, it became a custom to lay the placenta on hot embers, or to immerse it in hot wine, and the heat thereby conveyed, was supposed to stimulate the weak or decaying powers of life to more vigorous action. It has since been the practice to divide the funis, [navel cord,] immediately after the birth of the child; and the weaker it was, the more expedition it was thought necessary to use; for the child being supposed to be in a state similar to that of an apoplectic patient, a certain portion of blood might by this means be discharged from the divided navel cord, and the imminent danger instantly removed."

197. "There is another method," continues the doctor, "which I have seen practiced, the very reverse of the preceding: for in this, the loss of any quantity of blood being considered as injurious, the navel string was not divided, but the *blood* contained in its vessels was repeatedly stroked from the placenta towards the body of the child."

This accords with Thomsonian principles, and corresponds minutely with the practice of our great reformer.

198. Divers other means for reviving the child may be used at the same time, with the method already intimated. The face may be bathed with camphorated spirit; the feet and legs bathed with No. 6 made warm; volatile salts may be applied to the nose; the whole body may be immersed in warm water, accompanied with gentle friction, and if the case be doubtful, three or four drops of Dr. Thomson's 3d preparation of lobelia may be administered in a teaspoonful of breast-milk, and repeated if necessary: half a teaspoonful of the same in two or three spoonfuls of umbil tea, may be given by way of injection. These means may be resorted to with propriety, both before and after the separation of the navel cord, as circumstances may require.

199. We have often reflected with intense interest on the jarring sentiments, and wide diversity of practice, that has originated at one time and another, from the capricious conjectures, and ideal fancies often appended to the investigations of speculative philosophy. Men who have long been devoted to scientific research, walking the mazy

rounds of classic lore, being too careless of practical observation, or neglecting to assert their intellectual dignity, by embracing truth in defiance of the world, have frequently been diverted from seeing, or been too cowardly to sustain its simple maxims.

200. In all the diversity of the operations of nature tending to some peculiarity or similarity in their results, we should recollect, that first principles are immutable, although a diversity of incidental circumstances may give a variable direction to the combinations and co-operations of those first principles ; yet the real connexion between cause and effect, as it exists in nature, is immutable. Hence if blood is the life, or if the great principle of life, or that warmth and motion peculiar to animal life, exists eminently in the blood ; by the medium of which it is distributed through the whole system—drawing off the blood is wasting life at the fountain. Drawing blood from the navel cord to revive an infant exhausted in a lingering birth, would be like giving a severe purge to nourish a starving man.

201. The change that takes place in relation to the mode or manner of existence, immediately succeeding the birth of a child, is very sudden. The

atmospheric air, rushing into, and immediately expanding the lungs, gives a universal thrill and imparts a new mode of existence to the young adventurer into the regions of respiratory life. The whole transition, however, is not instantaneous. The change from uterine life, as it may properly be called, to a state of breathing life, is gradual. The uterine is continued, and in part sustains the child, until the respiratory life is measurably effected. This is fully demonstrated by the continuance of the circulation between the child and the placenta, for some time after it has cried.

202. The midwife having carefully received the infant upon a warm sheet or blanket of several folds, spread across the knees, to secure it from injury and shield it from cold, will find it necessary to exercise some discretion in the farther prosecution of incumbent service. Great caution should be used not to strain the navel cord, lest you impede and overcome the power of pulsation, or separate the cord from the placenta, and thereby loose your only sure guide in searching for it if found necessary; and lastly, for fear of injuring the child at the navel. All women we have ever known, in arriving at this stage of the business, instinctively wish to have the secundines thorough-

ly removed, as soon as may be, after the child is properly disposed of by being committed to the care of some bystander, or nurse, that it may be washed and dressed in due season. This universal instinct is a caution against unnecessary and extravagant delay. In ninety-nine cases out of an hundred, the os externa, the vagina and mouth of the womb, being open, and the uterus disposed to contract, the placenta being partially loosened from the place of its attachment, although it does not contract, but is disengaged by the diminution of surface, or extent of adhesion, by the contraction of the womb, and hemorrhage is to be feared by resisting its action by the bulk of the secundines: all circumstances considered, nature appears to be better prepared for their entire expulsion; and the business can be effected with far less pain than after a long and unnecessary delay. It is certainly beginning to descend, as the child is in the act of being born, partly by its own gravity, partly by obstructions being removed from its way; and the same contractions that have expelled the fœtus, must in some measure impel the placenta downwards—in most instances it is low down in the inferior strait or lower region of the pelvis. The descent of the afterbirth, can be satisfactorily

ascertained by the length of the umbilical cord, appearing out of the body ; if low down, it can easily be perceived by the touch of a single finger. The woman having rested a few minutes, applying the hand to the abdomen, a little below the navel, over the hypogastric region, and the hard globular figure of the contracting womb may be perceived. If there be no commotion, gently drawing with undulating or rotatory motion of the cord, and pressing one hand on the abdomen from the belly downwards, or an assistant pressing gently on her sides, will excite action. Much benefit often arises by raising the woman to her feet, or placing her on her knees, in which position children are often born. The natural weight of the placenta will facilitate its descent.

203. The inexperienced practitioner cannot be cautioned too often not to make any violent efforts, because breaking the string from the placenta might be attended with disastrous consequences. The midwife winding the cord round two or three fingers of the left hand, and holding it firmly and carefully, can easily give all necessary aid to the efforts of the woman, by taking hold of the skirts of the placenta, by the thumb and finger, or fingers of the other hand. It is common, however, and

very proper, unless the afterbirth be very low, which is not unfrequently the case, to wait ten or fifteen minutes, or even more, until the pulsation in the navel cord ceases, and then to put a string or thread around it. The ligature should not be so coarse or large as to be clumsy and inconvenient, nor so small and sharp as to cut through the substance thereof. As for the distance it is tied from the body, it is immaterial, only as a long portion of the cord remaining in contact with the child, will expose it to greater danger from accidents, and more difficult to manage. Two or three inches from the child will be abundantly sufficient. If no accident befalls it, in two or three days it will always drop off. A little pure tallow on a fine rag to cover the navel, to prevent friction, will be all the dressing it will need. It is sometimes necessary to tie in two places, leaving a space of two or three inches between, and dividing the cord at an equal distance from both. If there should be twins this precaution would certainly be necessary. It cannot in any case be injurious : it secures against all hemorrhage that could arise from the neglect. Experienced practitioners can commonly determine from circumstances whether such precaution be necessary, and will direct their at-

tention so much to the part attached to the placenta as to avoid all danger from that source.

204. It should be distinctly recollected that in case of twins it sometimes happens, that there is but one afterbirth; or if there be two, they may be so united, or have such a communication between them, that the remaining child might be weakened or destroyed by an accidental hemorrhage. A little experience will enable any discreet practitioner to proceed with an unimpeachable degree of correctness and precision.

205. The funis or cord being divided, the practitioner may proceed to procure the expulsions of the remaining secundines as already instructed. The bulk of the secundines being left behind, keep the uterus in a state of partial distention. This distention may impede the natural contraction; consequently, the orifices of those blood vessels that had been necessarily ruptured, by the natural separation of the placenta from its adhesion or attachment to the uterus, remain unclosed, and hemorrhage must be the certain consequence to a greater or less extent. Beside, if the placenta be low down in the vagina, or embraced by the os tincoe, an obstruction is presented that precludes the escape of all natural cleansings; consequently,

an insidious hemorrhage might proceed to an alarming degree before the woman or her attendants would be apprised of any danger. If upon pressure and friction over the abdomen, with a view to facilitate the expulsion of the placenta and its membranes, an increased discharge of blood should immediately commence, you must recollect, that it is only blood that had previously passed the open mouths of the blood vessels in the interior of the womb; that this being emptied out of the womb and vagina, when there deposited, is infinitely better for the patient than to have it retained in a clotted coagulated state, to be passed with intense pain at a subsequent period; rendering the patient an object of deep commiseration by the offensiveness of her condition, and endangering her life from the unavoidable absorption of the putrid cleansings. In all the cases we have ever attended, where previous help had not been employed, we have never had a case in which the afterbirth was retained for more than thirty minutes. We have known painful and afflictive results, and in one instance death, occasioned by delay. This patient was in the hands of an intelligent physician of the regular school. As a senior practitioner and friend, we were called upon for our advice;

but previous indisposition, retaining the afterbirth, and consequent hemorrhage, soon put a period to her earthly existence, and left a bereaved husband and several orphan children to deplore her untimely demise. This respectable accoucheur had adhered to the instructions of those who have been in the habit of crying peace and safety, when danger crowds heavily on the unfortunate woman. Even nature itself teaches us that long delays are dangerous; brutes instinctively seize the navel cord with their teeth, with an evident design to expedite the expulsion of the placenta.

206. By drawing gently and deliberately, and attending to the instructions we have given, there will seldom be an instance in a hundred, in which, however slowly it descends, you will not perceive you are making some progress. Women are apt to fatigue themselves by anxiety and exertion, beyond what is necessary. By a slow descent, the membranes will not be rent from the placenta but the clotted blood and whole mass of secundines will be excluded together; which, by being left behind, would occasion after-pains, of which many women are so often heard to complain. The hour-glass contractions of which some authors speak, we have never met with but in one in-

stance; and though called at a late period, it was easily ascertained that the treatment was not such as it ought to have been, during the approach of labor, and excessive injurious exertions had been made to give assistance, which it was impossible to render, at the time the attempt was made.

207. The secundines being completely removed the genital regions should be covered with a soft warm cloth, consisting of several folds, which should be changed as often as occasion may require, of which any woman of common sense is fully able to judge. The body should be first gently pressed, to elose the parts, or prevent their being held in a state of dilatation, and then the cloth should be fairly applied, by pressing it firmly against her.

208. If the woman be on a bed, let her compose herself, and endeavor to rest quietly as possible. Her attendants should be careful not to disturb her by unnecessary and loud conversation, or any other loud and useless noise. Whatever may have been her situation when delivered, she should be placed immediately into bed, made as comfortable as possible, lay in the most easy posture, and not toss about unnecessarily. She should drink freely of composition and nerve powder tea, or infusion of skunk cabbage, or rattle-root. If she flows too free-

ly, give cayenne; and a hot brick or stone, or jugs of hot water should be applied to her feet, legs, and loins. Perhaps there is scarcely a surer or more speedy remedy for flooding, than to wash down a large dose of cayenne, with a teacup of strong tea, made of common ars-smart or hearts ease, sweetened and creamed like a cup of coffee, to make it palatable. In a few minutes it allays the nausea that commonly attends a woman in this situation, equalizes circulation, and her system becomes composed. In the mean time some milk porridge or a cup of coffee with a piece of light bread toasted, should be given her; or some suitable nourishment.

209. Immediately after delivery, we have recommended that a towel, a napkin, or some kind of a broad swathe should be pinned round the woman's waist—they instinctively require something of the kind to be done. Nothing narrow, that could occasion a permanent and unequal pressure, will be admissable. Occasional pressure with the hands on the sides of the abdomen, and gentle pressure from the stomach downwards, will be serviceable, as these means dispose the womb to contract, which is the very point to be obtained.

210. The directions we have given, should be minutely observed, as circumstances may require.

The nerve ointment, or No. 6, may be applied with a warm hand over the whole abdominal region. Jewett's stimulating liniment is an invaluable article ; it admirably relieves pain, and prevents much of the soreness and lameness of stomach and back, incident to the puerperal state. The application of this valuable preparation to the belly, back, loins and pit of the stomach of child-bed women, produces very happy effects. It should not only be rubbed on warm as a liniment, but it is of such a consistence that it may be worn plaster-wise, spread on thin, soft leather, and applied across the belly, between the navel and pubes, and another across the loins. The plaster may be secured by tape-strings. The good effect will make ample remuneration for all the trouble and little expense the application of them may occasion. They should be renewed with a little fresh liniment every day.

CHAPTER XIX.

211. Two classes of natural labors—212. Labor not to be hurried ; of change of position—213, 214. How to overcome certain difficulties—214, 215. Cure of deformed pelvis ; the power of nature to overcome impediments ; sympathy not always properly directed—216. Of delicate females becoming mothers—216, 217. Of our na-

tive squaws bearing children; of the standing and kneeling position—218. Case of Major S's wife—219. Instance of labor deferred—220. Calls of nature should be obeyed—220, 221. Of the catheter and the manner of using it—222. Membranes not to be prematurely ruptured—223. Remarkable case of tedious labor—224. Of the locked head—225. First labors naturally most lingering.

211. Natural labors may properly be distinguished into two classes, viz: those that are perfectly natural, in which the vertex or crown of the head presents, with the face downwards, and belly toward the back of the mother; and those in which, though the head descends first, it may be in a variable position from that which is perfectly natural. The face may be upwards toward the pubes, and in every respect in a position the reverse of that already described. The face of the child may also incline toward the shear bone, or the hinder part of the head may be turned strongly beneath the pubes; also the arms, one or both, may present with the head. Of these presentations, we cannot be apprised with certainty, before the rupture of the membrane; and if no untoward circumstance beside, accompany the labor; if we were perfectly acquainted with the exact relative position of mother and child, and could determine the dimensions

of the head of the latter, and pelvis of the former, with mathematical precision, we should be no better qualified to mitigate the pains, expedite the labor, or assuage the anguish, of a woman in travail. These varieties in the manner of head presentations, constitute what is called *difficult labors*. They are apt to be lingering, because the irregular descent of the head, through the bones of the pelvis, prevents the compression and accommodation of the bones of the cranium and the elongation of the head, by which it assumes a form naturally suited to the passage.

212. In all these presentations, when discovered, instead of being justified in hurrying labor by any manual effort, we might be involved in a labyrinth of difficulties, and be entitled to much unpleasant censure : we should contemplate the circumstance as calling loudly for patience on the part of the woman and her attendants. We have known some instances, however, in which the presentation was supposed to be so difficult, as not to be speedily overcome : yet by giving the medicine as formerly directed, and the woman occasionally walking about, changing her position, and taking her pains on the bed, or seated on the edge of a chair, or standing on her feet, or kneeling, as best

suiting her instinctive fancy, the birth has proceeded with a rapidity that has far surpassed the expeditiousness of labor in some others, in whose cases the presentations were perfectly natural.

213. Where the parts concerned in the expulsion of the fœtus, are in a sufficiently relaxed, dilated state, as to present no formidable difficulty, and the dimensions of the pelvis are capacious, these deviations from perfectly natural presentations, will be overcome without any extraordinary difficulty. In more unpropitious circumstances, the labor may linger from the undilated condition of the os externum, vagina and os uteri; but by patience, warm bathing, warming medicine, steaming, and if these do not succeed, give an emetic, and you will not fail of entire success in one case out of a thousand.

214. Slight irregularities in the formation of the cavity of the pelvis, present no difficulty but what the efforts of nature will overcome. Excessive deformities we are unable to remedy. In a long course of practice, we have never met with but one case of excessively deformed pelvis. The woman was presumptuous to marry in her situation. We were called after she had been in labor more than forty-eight hours. It was impossible to as-

certain with certainty the exact mode of presentation. The head was so high in the pelvis as to be almost beyond the touch of the examiner. The pains had been continued and violent; the woman's thirst intolerable, and her stomach and abdomen oppressed and distended with the excessive draughts of water she had swallowed. When we saw her first, the period of relief had gone by, and the pangs of dissolution were upon her.

215. The narrow dimensions of the pelvis is the most common difficulty. When this is the case, and the head of the child large; and the bones, which are commonly soft and yielding, have become so ossified, viz: have acquired such a bony hardness, and are so firm as not to admit of that compression that is usual and natural, here the interference of art cannot effect any thing for the removal of the impediment; but nature, in a remarkable manner, accommodates herself to all usual difficulties of this kind. The labor, though it lingers, will be effected according to the settled principles of the laws of natural parturition. One consolation remains to sooth the tedious hours of lingering labor patiently away, and that is, a woman by lingering some time before a child is born, and enduring tedious labor-pains, will find herself ulti-

ately better prepared for the last crisis, for pushing it forward to the world at the moment of its being fully born : her body relaxed, and capable of more extensive dilatation, than could have been effected by a hasty labor, is a circumstance much in her favor. Labors that linger, of course are often more easy at the last, and occasion less violence by the mechanical action of the parts more immediately concerned in the issue ; and authors have observed, that lingering labors often promise a more speedy recovery than those in which the pains have been more violent, rapid and rending, and the birth suddenly accomplished. Those who sympathise excessively with the subjects of a lingering labor, and have little commiseration for those that have a more violent and speedy time, may rest assured that we have known instances in which some women have suffered more in less than one hour, than others who have lingered three or four days, and had an easy time at last. All their previous pains were preparing the way for the finishing crisis, and when nature had arranged all her forces, and prepared the whole mechanism of her body for the last struggle, the birth has sometimes been effected with that facility, that the woman has hesitatingly enquired for the result.

216. Women of delicate constitutions, who lead sedentary, inactive lives, are apt to suffer more in child-bearing than the more robust and laborious part of the community ; but weakly women, of active habits, commonly become mothers with less difficulty than those who have more firm and rigid fibres. No women bear children with greater facility than our native squaws. They rarely require, or receive assistance from any one. Retiring to some lonely place, to escape observation, they place themselves, sometimes in a standing position, leaning forward on something to support them, placing their feet at a suitable distance from each other, with each recurring pain endeavor to accommodate their position to favor the expulsion of the child ; and when sufficiently advanced, come quietly and instinctively to their knees, or recline on their side : after the child is born, they officiate for themselves in the expulsion of the secundines, washing the child, &c.

217. We have in numerous instances given all the requisite assistance to women in the standing, and also in the kneeling position : and in lingering, tedious and difficult labors, continuing for twenty-four or thirty hours, women will find great advantage in not confining themselves for too long a time in any one position.

218. Mrs. S., wife of Major S., of Geneva, Pa., was taken in labor early on Friday morning; a midwife was called in; the labor lingered; on Saturday another was sent for; on Sunday another; we were absent from home, several messengers had been dispatched to solicit our aid. On Monday, 12 o'clock, we arrived; found her on her seat, and were informed that she had been six hours in that position, with a midwife digging, pulling and screwing all the time to get the child. On examination, found the head presented naturally—the amnion liquor had escaped at an early period—there was a great deficiency of necessary moisture; the parts were rigid, and by being so long confined to one position, had acquired the fixure of a chronic spasm. In raising her to her feet she was unable to stand; she was supported by able assistants at each arm; her feet and legs were rubbed, until the blood beginning to circulate, she acquired some use of her limbs: we conducted her to an adjoining bed-room, placed her on her left side on a bed; put a pillow wrapt in a blanket between her knees—formed business by various devices, to give employ to her supernumerary attendants—gave her a drink of warm tea; put something warm to her feet, and shut the door, under

pretence of her taking some rest—we sat down in a chair by her side. A pain soon admonished us of our duty; we obeyed the call of humanity; received cordially the little stranger, advancing to the world without any apparent difficulty. Amidst the bustle of the crowd the feeble cries of the newborn infant were not heard in the adjacent room—the placenta followed with a single pain—we wrapt all together in a sheet we had spread over our lap, placed it in the corner of a room; finding a soft cloth suitable for the occasion, placed it to her, and giving her a caution to hold her peace, wiped our hands, and opening the door, walked deliberately into the room; several of the attendants, entering her apartment, did not even suspect what had happened; and you can scarcely imagine their surprise, when we had found thread and scissors, and conducted them to the corner where the babe lay quiet and secure. The navel cord was tied and cut in a few minutes from the birth, and mother and child did well. The recital of these facts should be a solemn lesson to officious midwives. May it prove a caution to many.

219. A remarkable instance of labor deferred, once happened in our practice. We were called to visit a lady, said to be in travail, on the waters

of Big Whately, Green county, Pa. There had been a partial discharge of waters before our arrival. The pains that had preceded the discharge had all subsided; no sign of labor appeared. We ordered a mild injection; directed her to recline much on her bed; use warm drinks, and wait patiently. Ten days rolled away; much of the time her unconquerable aversion to idleness kept her to her feet, and busy in her domestic concerns: when a regular labor came on, she had the usual collection of waters preceding the birth, and the child was born with as much facility as commonly falls to the lot of any one.

220. In labors of every description, women should be encouraged to obey the calls of nature, that the fulness and distention of the rectum and bladder may not occupy any space that may be needed by the child. By casualty or negligence, the pressure of the descending child against the neck of the bladder, may operate like a ligature, and occasion a painful suppression of urine; in such a case, diuretics would be worse than useless; the introduction of a catheter into the urethra, is the only means that can give relief. All this can be effected by a mother, a sister, or a husband, as successfully as by the hands of a skilful accouch-

eur; who, from motives of delicacy, might be induced to defer the operation, to the injury of the patient. A gum-elastic female catheter, which is much shorter than those used for males on divers occasions, may be easily introduced. The woman, placed on her back, her knees raised by drawing her feet up toward her *nates*, having sufficient light, open the labia with a thumb and finger of the left hand, and with the right, pass the end of the catheter, dipped in oil or smeared with soft lard, into the orifice of the urethra, and conduct it, moderately, up the passage, which is nearly on a straight line, until it enters the bladder, then draw the stiletta, and the urine will begin to flow. Were it not for the clumsiness of the woman in such a situation, she might, with a little ingenuity, perform the operation for herself.

221. Gum-elastic catheters are far preferable to any other, they have become so common, are so cheap, and yet so useful, and often an indispensable article, we hope no Botanic practitioner will fail to keep a number on hand for the accommodation of all who may be in need of so simple, but highly valuable instrument. A cane-stalk of the smallest kind; a small smooth limb of a currant bush, with the pith pushed out, the bark taken off

and surface polished smooth, have been used, having the end made smooth and round by sealing wax, and a hole cut through on each side, not far from the point, into the calibre of the stem. A long slender goose quill may be prepared and used in a similar manner. How much better to be provided for such an emergency, with a catheter suited to the occasion, without the trouble and mortification of having to resort to such substitutes as necessity may sometimes devise.

222. A premature rupture of the membranes, through their extreme thinness and weakness of texture, and excessive local pressure upon them, or by divers casualties, may take place previous to any opening of the os uteri. We have known instances in which such accidents seemed to be produced by the commotion occasioned by premature pains, when the opening was but just perceptible; the patient was anticipating labor, called for her customary assistants to be in attendance, and notwithstanding, by laying quietly in bed, and keeping herself composed, the pains subsided; and some have gone eight or ten days; then genuine labor pains commenced; a sufficiency of the amnion waters remained to facilitate the process of parturition; the child has been born safely, and

both the mother and her offspring have been comfortable, without any unfavorable occurrence.

223. But in common, labors that continue for three or four days do not always terminate so favorably. One instance occurred in our practice when we resided at Portsmouth, at the mouth of Scioto. Mrs. W., wife of J. W., a merchant in Portsmouth, was taken in labor on Thursday at her father's, near Piketon. Her mother, an experienced midwife, waited twenty-four hours; finding that the membranes were ruptured and the waters escaped, several midwives were called in; but all their skill and industry proving ineffectual, a medical gentleman from Chillicothe was called in. Mr. W., who had been absent at his brother's in Chillicothe, was returning and met the messenger. Being alarmed for the safety of his companion, hurried on with great speed to Portsmouth, and solicited our assistance. In a few minutes we were under way, and in three hours and fifteen minutes arrived at the destined place, and found the other physician waiting our arrival. On examination, we found the presentation natural—the softness of the space called the mould, or anterior *fontanel*, was readily perceived. This front opening on the crown of the head, having four cartilaginous angles

or corners, the sides and edges can be distinguished by the touch of the finger, from the posterior fontanel, or lesser opening, which has only three corners, and the edges more firm and bony. This is the space commonly found between the occipital and parietal bones, the rough serrated edges faintly resembling the jagged teeth of a saw. We have stopped to note these circumstances, as we have not distinctly noticed them before, and the knowledge of these facts is often of some practical utility. This was the case in the subject of our present consideration. Discovering the fair presentation of the head by touching the anterior fontanel with the point of a finger, we were able to decide that no irregularity in the manner in which the head was descending, had been the occasion of the protracted labor. The head had descended low in the inferior strait of the pelvis; the pelvis was, as far as we could determine, rather small than otherwise; the head was large, and the ossification had acquired unusual perfection. Mrs. W. was of a fleshy, firm and full habit; it was her first child; she had then been four days in labor, and suffered many excruciating pains, which at this period had died away: she was courageous, though much fatigued. She had not felt any motion of

her child in twenty-four hours ; she had had a chill and severe tremors the day before. Her breasts were flacid, and she complained of a dead weight where her burden lay, and predicted the death of her child. From every circumstance, we were fully convinced of its decease. The head was so completely wedged that it was impossible to move it from its position by any manual effort. The child being evidently dead, and the head locked, the doctor applied a perforator to the mould of the head, intending by the blunt hook to fetch it away. After several fruitless attempts, he vacated his chair, in which we were soon seated : having a small pair of long bladed, sharp pointed scissors, we held them in our right hand—having introduced the fore finger of the left hand as far as to press firmly on the opening of the head, we conducted the point of the scissors along our finger, until we placed it against the central part of the *fontanel*, and placing the hand firmly against the bows, thrust the scissors through the sculp between the bones, then introducing our fingers into the bows, drew them apart with a force sufficient to make an opening nearly an inch in length ; we then took scissors having one blade sharp, and the other blunt pointed ; we again introduced the sharp point

between the bones of the cranium, and guarding the other point with a finger, that we might not injure the mother, and cutting in the direction of the sutures, were soon able to loosen several of the bones. In the mean time she had drank freely of some strong ergot tea, which soon took effect; as the pains commenced, and the womb contracted, the head was compressed into so small a compass as to pass. The mother's efforts were much assisted by taking advantage of the opening to introduce two fingers—making fast by the bones of the head, we were able, at every throw, to aid the operations of nature.

224. We have met with only three instances of the locked head, as it is commonly called, in the course of our long and extensive experience. We think unseasonable interference, and the proud emulation of art to supplant the operations of nature, more commonly occasion these disasters, than all other causes combined. Had the lady referred to been rightly managed at the commencement of labor—had no officious handling ruptured the membranes—and quietness and patience been the order of the day, we have no doubt she might have had a living child, born in due season. As it was, she had a more speedy recovery than we

or any of her friends had anticipated. From the cases given, the reader will perceive and understand what we intend to intimate, when we speak of natural labors being difficult.

225. All writers we have consulted, tenderly mention, that a woman with her first child commonly has a more lingering, tedious and painful time, than with her subsequent children. An ancient prophet speaks movingly on the subject, saying, "I have heard a voice as of a woman in travail, and the anguish as of her that bringeth forth her first child." Jer. iv. 31. Some are naturally more impatient and disposed to make a noise and incessant complainings, than others, which naturally impedes the progress of labor. It is not always the woman who complains the most, that suffers the most; for some have much more fortitude to endure sufferings than others. Many with their first children, suffer but little compared with what others always endure in giving birth to a child. Those who suffer severely with their first, may, nevertheless, have a very comfortable getting to bed with their subsequent children.

CHAPTER XX.

226. Of *preter-natural* labors; of turning a child—227. Breech presentations—228. Labor lingering may facilitate the final delivery—229. Portal's remark—230. Of the requisite management—231. Navel cord must not be strained—232. How to manage when the arms are turned up on each side—233. Discretion of the practitioner must be consulted—234. Caution not to injure the child—235. Of pulsation at the navel cord; hurry and violence, the effects of—236. Of elbow and shoulder presentations—237. How to manage the turning of a child—238. How to distinguish a breech from a shoulder presentation—239. Merriman's remark—240. Membranes not to be broken prematurely.

226. Hitherto we have only spoken of those labors, in which the head of the child presents. We have attended to the distinction between those that are perfectly natural as relates to presentation, and those which have been accounted difficult. We shall now proceed very briefly to notice those labors that have been called *preter-natural*. When the feet, breech or arm present, unless it comes down by the side of the head, the presentation may be accounted *preter-natural*. "Writers on midwifery," says Dr. Gooch, "describe others, as of the shoulder and knees; but these are only modifications of the arm and feet presentations."

If we can form adequate conceptions of the management necessary under the circumstances we have named, we shall find little difficulty in managing those incidental variations attending the several kinds of preter-natural presentations that may occur in practice. Should the feet present, the child of course must be born in that position. The midwife should be careful not to mistake a hand for a foot. She may know a foot from a hand by the common difference of shape and thickness; by the equal roundness of the heel, she may distinguish it from the more sharp and bony points of an elbow or a knee; the toes of the foot are shorter, and form a more even line at their extremities than fingers. A thumb inclining to the palm of the hand, may be distinguished from a more short and clumsy big toe. With these rules before us, we need not go astray. But let it be remembered, that before the membranes which contain the waters are ruptured, they so pouch down before the advancing child, that the most accomplished practitioner can seldom determine with any tolerable degree of precision, the mode of presentation. To decide with certainty, is utterly impossible. When the membranes have ruptured, and the feet are found, if the toes of the child do not point toward

the back of the mother, the body of the child must be carefully and gradually turned during the extraction, in such a manner, that the back of the child may be placed toward the belly of the mother, before the head descends too low, that the birth may not be impeded, and the child placed in jeopardy, by the chin pressing firmly against the share bone.

227. When the breech presents, the midwife may sometimes be at a loss to distinguish it from the head, on account of the globular form of each. The resemblance of the feel to the examiner can hardly be imagined. We were present on one occasion, in which two distinguished accoucheurs were completely deceived. By careful examination, the head may be distinguished by its hardness, by the sutures, fontanelles, projection of the nose, feel of the face, by the eyes, mouth, chin; and when the membranes are ruptured, the hairy scalp will decide the point, unless the crown of the head be thrown back, and the face only can be felt. Breech presentations may be more certainly known from the face, by the greater fleshiness and elongated figure of the buttocks, the cleft between them, the genital members of male children, and by coming in contact with the meconi-

um, or alvine discharges of the fœtus, generally happening on all such occasions.

228. In breech presentations, labor is more apt to linger. The parts destined to pass first, do not accommodate themselves with equal facility as those of the head, to suit the shape of the pelvis. The uterus contracts more slowly, and with less energy, than in natural labors. But by the lingering process, time is gained, and the dilatation of the os uteri, vagina, and os externa, are apt to be more complete, by which means the final delivery is effected with more facility than the inexperienced and unobserving would readily imagine.

129. When the face of the child is turned towards the back of the mother, it is more favorable than the contrary position. As relates to the general safety, we are confident the danger devolves chiefly on the child. The remarks of *Paul Portal*, who Merriman says, was a celebrated accoucheur at Paris, from 1664 to 1682, are worthy of careful attention. His words are: "In such a case as this, [breech presentation,] you must not be impatient; for though the labor proceeds very slowly, yet it is *not much more difficult* than a natural birth: whence it is that our midwives say, by way of proverb, that, *where the buttocks can pass,*

the head will follow of course." The position of the child in this case is doubled, with its thighs upon the belly, and the passage being once opened for the buttocks by the reiterated pains, the head follows without much trouble.

230. When the buttocks are pressed low down in the pelvis, and pains occur that do not sensibly protrude the child, we have without any difficulty, introduced a finger on each side as high as the groins, and as the pains returned, assisted the progress of the pending expulsion. If the belly of the child be towards the belly of mother, "the head," says Merriman, "will come in an unfavorable position, it will not readily adapt itself to the shape of the pelvis: probably in passing, the chin will hitch upon the ossa pubes, [share bone,] and will be difficult to extricate from this untoward situation." "To guard against this accident, it will be proper, as soon as the nates [buttocks] have passed through the os externum, to take hold of both thighs with a warm napkin; and when the next pain comes on, to give such an inclination to the body of the child, by guiding it with the hands, as will direct the face toward the mother's spine." All this we have often effected without any difficulty. All violence must be avoided, and an incli-

nation be given to a right position, while the body is progressing. This design can be accomplished by the time the birth arrives as far as the head.

231. We will now suppose that you have so far accomplished every thing to your mind, and the child is born as far as the head, have a care not to strain the navel cord; if it be so tight as to injure the child, take hold with a thumb and finger and draw the cord carefully from the placenta downwards.

232. A difficulty here presents itself that may be sometimes hard to solve. The head, with the arms turned up on each side, remain behind. What shall be done? Shall we pass a finger over the shoulder of the child, glide it down to the elbow, and incline the limb gently downwards through the vagina? This may all be effected without difficulty or danger of any extraordinary character. When one arm is brought down, the other can be extracted with comparative ease. Dislocations and fractures have happened by the inadvertency, haste and violence of midwives. A deliberate, prudent midwife, who depends more on patience, perseverance and constant attention to her business, than on any imprudent efforts of force and violence, will seldom, if ever, have occasion to de-

plore any such casualties. If the woman be well formed, the pelvis wide, the vagina and os externum well dilated, recourse to the measures here prescribed will not be necessary.

233. This is one of those cases in which much must be referred to the discretion of the practitioner. It would be improper to suffer the child to remain long in this situation; the unavoidable compression of the navel cord enhances the danger. It will always be found useful to aid the progress of the child by such gentle efforts as will not excite reaction or unnatural contractions on the part of the mother to retard its passage. The degree of assistance proper to be given, can be ascertained by an experienced midwife; the body of the child should not be constantly drawn in a straight line, but gently inclined a little from side to side, elevated and depressed, while on the side from which you decline, the edge of one hand can be pressed behind the labia, in the lower groin, mechanically aiding the birth.

234. Some have recommended that in this presentation, when the child is born as far as the head, that a finger should be introduced into the child's mouth, to depress the chin, to open the mouth for a partial admission of air, that the respiratory func-

tion might be commenced, or a state of breathing life secured; but in all this we have little confidence. Pulling by the fingers in the mouth, we shall be liable to bruise and injure the lips, and even to dislocate the jaws. We remember once to have seen material injury by mismanagement of an ignorant or hasty midwife; but the circumstances have escaped our recollection so far, through the lapse of time that has transpired since the event, that we cannot give the narrative in correct detail, to satisfy the curious.

235. We have urged the necessity of endeavoring to expedite the labor, for the safety of the child so far advanced to the birth,, while the head remains unprotruded to the world: but remember if there be a pulsation at the navel cord, there is no immediate danger. Being over anxious for the safety of the child, the midwife is liable, by hurry and violence, to strain the neck of the child, compress the navel cord so that all circulation may be interrupted, and this want of action and communication between mother and child, will soon occasion its death.

236. When the hand, elbow or shoulder present, and the body of the fœtus lies transversely from side to side of the pelvis, it is one of the most dif-

ficult positions that we meet with. An alteration of this position is obviously indispensable. Some have recommended to push back the arm, and bring down the head; but this we know can seldom be effected without much greater violence than we were ever willing to hazard. The prevailing and only eligible practice is to turn and bring the child away by the feet. This is called a footling birth.

237. The most proper time for turning the child, is as soon after the waters commence their discharge, as shall be found practicable. We should never attempt to introduce a hand, even if we have found a hand or arm presenting, until by a milder examination, we discover that the os uteri is well dilated, and in a manageable condition. Then with a hand, begin gently to dilate the entrance of the body; this must be effected with great deliberation. Patience and perseverance will overcome all opposition. When the hand is introduced within the external opening of the body, it must be passed slowly and gradually along the passage of the vagina. Having reached the os uteri, let the points of the fingers be introduced when there is no pain to resist. If the waters have not been discharged, by pushing the point of a finger against the membranes, when pain arrives, they can easily be rup-

tured. The presenting part can be immediately detected.

238. The midwife should be careful not to mistake the breech for the shoulder of the child—the shoulder may be distinguished by the shoulder blade, collar bone, neck, armpit, hand and arm. The hand should then be pushed forward along the body of the child, until one or both feet be found, which should be drawn down slowly, towards the belly, and not over the back of the child. Merriman has well observed, “as the feet are brought lower, the presenting arm will be retracted; and when the nates are brought to occupy the hollow of the sacrum, the arm will be drawn completely within the uterus. The case now becomes precisely similar to a feet presentation, and is to be managed accordingly.”

239. “This is the easiest and safest case of turning,” says Merriman, “for the uterus is kept distended all the time by the *liquor amnii*, which, after the membranes are ruptured, is prevented from passing off by the operator’s hand plugging up the vagina and os externum. So that the efforts of the accoucheur to turn, are not impeded by the contraction of the uterus upon the body of the child.”

240. "In every labor," says Dr. Denman, "in the progress of which we cannot feel the head of the child presenting, or do feel any other part, the membranes being unbroken, we must be particularly careful on no account to break them prematurely, that is, before the os uteri is fully dilated; because, whatever the presentation may be, the child is in no danger till the waters are discharged; and a natural opening or expansion of the parts is always preferable to an artificial dilatation, however carefully made."

CHAPTER XXI.

241. Of twin cases—242, 243, 244, 245, 246, 247, 248, 249, 250, 251. Of the management of mother and children—252, 253. Of removing the secundines—254. Of hemorrhage.

241. When there is a presentation of a leg or an arm, and the midwife is in search of another, let her be careful lest the hands or feet so found should not both belong to one child. It is commonly very difficult for the most accomplished midwife to determine with certainty the presence of twins, until after the birth of the first child. But if the presentation of the first be preter-natural, the pro-

cess of turning may lead to the discovery of another. Though we have referred twin cases to this place, we are not insensible that both children sometimes present naturally. In many, the first child presents naturally, and the second presents the feet. In either case, labor should be conducted precisely on the same principles that govern other natural or preter-natural labors. In some instances even triplets have all been born naturally, as though there had been but one child. In case of twins, the children are commonly smaller than if there were but one: but the woman, in the latter months of her pregnancy, will appear larger than when she carries only one child. The signs of twins, previous to the time of parturition, are too equivocal to justify any positive decision. There seems to be a great diversity of opinion in relation to what management is best after the birth of the first child. All agree that the birth of the first should be conducted in every respect as though there were but a single child. During our long practice, we have never had but three cases of twins. In the first, the woman was naturally healthy, and possessed a strong, vigorous constitution; she had just passed the secondary fever of the small-pox—she had gone her full time: both children present-

ed naturally, and were born in rapid succession ; they were both still-born, each with a full crop of well filled variolous pustules. On account of this latter circumstance, we have introduced a case in which no other extraordinary incident attended.

242. "It is very well known," says MERRIMAN, "that repeated instances have happened, where the second child has been retained many hours or days, after the birth of the first, and no mischief, nor danger, nor much inconvenience has followed." Dr. James, in a note on Merriman, relates a case from the Medical and Physical Journal, vol. 25, p. 311, of a second child retained fourteen days, and another instance in which six weeks elapsed between the birth of twins.

243. Professional writers on this subject agree, that if the presentation of the first child has been preter-natural, and the birth tedious, difficult and dangerous ; or if flooding has succeeded the birth of the first, the woman ought to be put on a second labor as quick as practicable. On this point, we will just observe, that in one respect the conception of twins is rather a deviation from the regular order of nature ; this we infer from its being so rare an occurrence. Of course, then, artificial assistance may possibly be more essential than in

those single births which are common, and all circumstances connected with the birth perfectly natural.

244. In one instance that came under our notice at an early period of our practice, when the first child was born, we reflected thus:—The woman has had an uncommonly easy time, the machinery more immediately concerned in the expulsion of a child are in a high state of preparation, the os externum, the vagina and os uteri are fully dilated; if we delay, they will measurably collapse and perhaps become more rigid, and the subsequent dilatation may be far more lingering, painful and dangerous than the first; in the mean time hemorrhage may occur. We immediately, and without any difficulty, and with very little complaining or occasion to complain, on the part of the patient, introduced the right hand into the uterus. The feet of the child inclining to the birth, the membranes were ruptured—one foot was found—it was drawn slowly downwards, and as it entered the vagina the other was protruded within our grasp; we had used the precaution to apply our left hand to the belly of the woman, and by pressure on the globular bulk occasioned by her burden, a constitutional, instinctive, simultaneous action of the ute-

rine system was promoted, and this footling birth was completed within half an hour of the birth its mate; the afterbirths, somewhat extensively connected, were soon extracted, and the rejoicing mother happily composed in bed.

245. "It is an established rule," says Merri-man, "not to acquaint the mother that there are twins, till both are born." The object of this concealment has been to prevent surprise, and such sudden and violent emotions of mind as have been known to "have been productive of ill consequences during labor." Much has been dreaded from the timorous forebodings, and fearful apprehensions with which a woman contemplates a repetition of her travail. The longer it is delayed, the more intensely she broods over her calamity. Her fears are more thoroughly aroused. The recollection of all the fearful tales she has ever heard of similar cases crowd her agitated mind, and the unwearied repetition of afflictive scenes of childbed wo, with which inconsiderate attendants assail her ears, greatly augment her calamity, and we think that in these instances, delays and irreparable misfortunes are often yoked together in the car of female destiny. For ourselves we have been forward to announce the fact with smiles, and sooth-

ing strains of consolation, to rouse and animate the courage of the sufferer.

246. From our own observation, we are inclined to believe, that those cases of excessive fatigue and exhaustion that require several hours to recruit a woman's strength, to endure a second labor, are oftener induced by the impatient officiousness of midwives, keeping them in some confined situation, and with wanton zeal, digging and pulling for the child, with an unfeeling, shameless officiousness, than from every other cause. The young, inexperienced, ambitious and over-forward midwife, or a young fopling diplomatic accoucheur, that was seldom, if ever, in the chamber of parturition before, are very unpromising assistants in such a season of distress and peril.

247. The best and most experienced writers contend that the midwife ought to be fully satisfied whether there be twins or not, and should never hesitate to acquire every reasonable satisfaction attainable. We would say she should not leave her seat until the case be fully determined. If she knows not the condition of the woman, how will she dispose of the case? and what arrangement will she make for the pending crisis?

248. The presence of twins is intimated : 1st,

by a smaller discharge of the amnion liquor, than is common with a single child; 2d, by the comparative smallness of the child; 3d, by the unusual size of the woman, compared with her size when known to have been pregnant with only a single child; 4th, by the hard and globular feel when the hand is applied to the abdomen, over the region of the womb; 5th, during the birth of the first child, if it be ascertained that it is unusually small—the parts dilated and the room capacious for its passage, and strong and frequent pains do not perceptibly advance the birth, “the uterine action is impeded or interrupted by another child occupying the fundus uteri;” 6th, the strong impressions of the woman that she carries twins, inferred from peculiar sensations, and motions of unusual character, and a comparison of her present with her former experience when in a pregnant state should be taken into account; 7th, if these signs are often so equivocal as to leave the matter doubtful, such is the opinion, of one of the most experienced, intelligent, judicious and explicit writers we have ever seen, of the great importance of being perfectly satisfied, that rather than to remain in doubt, he recommends introducing a finger or two into the vagina, and if still doubtful would pass the whole hand.

249. Far be it from us to advocate precipitancy, and rash, adventurous haste and violence. A slow, deliberate, constant, patient and judicious course, suited to the emergency, is what we would strongly recommend. The midwife must carefully survey all the circumstances of the case, all the chances of suffering, of danger and of death, by hurry on the one hand, and long delay on the other, and form her opinion and shape her conduct accordingly.

250. The membraneous envelope, or *involucra*, in which twins are wrapt, are almost universally extensively and variously connected. From which circumstance we see plainly, there must be imminent danger in any rude attempt to drag away the afterbirth of the first child until the second be born. It is true, that in certain cases, the envelope is distinct and separate; and though the two afterbirths may be situated near each other, so that after the birth of the first child the placenta belonging to it might be safely extracted without delay: but it often happens that there is but one afterbirth for both the children. The rules of judging in such cases are too precarious, and the responsibility too great, to trust any thing to mere conjecture. The membranes which envelope the

children, and all the secundines may be so connected and bound by the *chorion* forming a common wrapper for both, that no effort of art can extricate the portion belonging to one, without tearing the other loose, by which means dangerous floodings might be induced, and the life of the remaining child put in jeopardy. There is but one circumstance that can direct our judgment with any tolerable certainty, and that is when the afterbirth follows the birth of the first child immediately to the mouth of the vagina. Even then let caution be the watchword of the practitioner. The danger of hemorrhage from the retention of the unborn child and all the secundines belonging to both, partially, if not entirely detached from the uterus, is too obvious to require comment or illustration, and presents no argument to encourage delay.

251. But in case of twins, as in all other cases, nature should never be hurried farther than imperious necessity dictates, for the common safety of mother and child. A premature, unnecessary officiousness in assisting nature in those cases where no reasonable doubt can be entertained of her entire sufficiency to effect all that is necessary, is a course in our estimation highly reprehensible.

252. If after the birth of the first child the placenta descends and comes away with all its membranes, so that the experienced midwife can say candidly, that the woman is well cleared as relates to the first birth, and if satisfied there is another remaining without examination by the vagina. If the woman incline to rest, have but little shew, and there is a suspension of pain, and of the usual precursors of labor, and she has been excessively fatigued, and there be no convulsions or any indications of danger, in such circumstances we should have no hesitancy in placing her warm in bed, administering warming medicine, composition, No. 2, and No. 6, and placing hot bricks, or stones, or small blocks of wood taken out of boiling water, to her feet and loins—giving her suitable nourishment, bidding her to be quiet and take her rest. We should never forget to remind her that nature in due time will regulate the whole concern, and with affectionate assiduity sooth the anxiety, and allay the fears, that may disturb her mind, by a liberal administration of the milk of human kindness.

253. In removing the secundines after the birth of twins or triplets, the business is to be conducted on the same principles, and with all the pre-

caution recommended where there has been but one child. If by pulling at the cord it does not sensibly advance, a finger may be introduced to aid the expulsion. Friction over the abdomen will excite and quicken the expulsive efforts of the womb, and the concurrent action of the adjacent parts. She may be raised to her feet; the extracting force should be applied steadily, but with constant reference to the strength of the cord. The whole mass of secundines will generally be found low down in the uterus; the partial contraction of the os uteri, that soon succeeds the passage of the child, may retard its exit, but this obstruction is soon overcome by the weight and irritation of the bulky substance pressing to the world—these, aided by the instinctive efforts of the woman, excite the contractile power of the uterus—as the fundus uteri acts on the secundines, propelling them along; a transient dilatation of the os uteri, is again effected, and the expulsion fully accomplished. Preter-natural adhesions, in which the strength of the connecting membrane is too great to be overcome by the means prescribed, may require the introduction of the hand to effect a separation. These instances are of rare occurrence. We would in such instances cheerfully recommend

the abandonment of the patient to the effects of time and operations of nature, were it not, as Baudelocque observes, "many women have been victims to the accidents which seem inseparable from the putrefaction of that body, or from its presence only in the uterus."

254. Should a hemorrhage ensue, it would, as in all other cases, require prompt attention. Suffer us to refresh the memory by advertng again to this subject. As the attendants may not always have the most appropriate remedies at hand, we will mention—1st. Capsicum in heaped tea-spoonful doses in molasses, or new milk and sugar. 2d. A strong decoction of arssmart tea; a cup at a time, with sugar and cream, drank hot. 3d. A strong tea of witch-hazel leaves, or birth-root, or cranesbill, called tormentil, may be drank; and may also be injected up the vagina. In all other respects the woman should be treated as we have previously prescribed. Friction with Jewett's stimulating liniment over the whole abdominal region, marvellously relieves after-pains,—arrests floodings, and prevents that soreness of which women so universally complain after parturition.

CHAPTER XXII.

255. Of the management of new-born infants—256. Subject continued—257. Of putting the child to the breasts; sore nipples, how treated—258. Of botanic treatment of pregnant women—259. Of the ignorance and inattention of women, relative to themselves in the season of parturition—260. Of blood-letting.

255. By some strange perversity of nature, though a child be born of a healthy parent, and in a perfectly sound and healthy state, midwives and others are always in haste to dose it with medicine and food. But being filled with the *meconium*, or dark green substance accumulated in the bowels during the period of its mother's pregnancy, it cannot be hungry. The mother's milk is the best nourishment the universe can furnish. The *meconium* contains a sufficient portion of bile to render it mildly saponaceous; and if there be no improper management, by its natural laxative qualities, this medicine of nature is superior to every thing that the *materia medica* contains. It is only among that class of people who make the greatest bustle, and resort to the greatest variety of prescriptions, that we have met with many peculiar difficulties from the retention of this inoffensive substance. "This," says Dr. Buchan, "is gene-

rally passed soon after the birth, by the mere efforts of nature, in which case it is not necessary to give the infant any kind of medicine." The doctor shrewdly remarks: "It is strange how people came to think that the first thing given to a child should be drugs. This is beginning with medicine by times, and no wonder they generally end with it. It sometimes happens, indeed, that a child does not discharge the meconium so soon as could be wished; this has induced physicians, in such cases, to give something of an opening nature to cleanse the first passages. Midwives have improved upon this hint, and never fail to give syrups, oils, &c. whether they be necessary or not. Cramming an infant with such indigestible stuff, as soon as it is born, can hardly fail to make it sick, and is more likely to occasion diseases, than to prevent them. Children are seldom long after the birth without having a passage both by stool and urine; though these evacuations may be wanting for some time without any danger. But," adds the doctor, "if children must have something before they be allowed the breast, let it be a little thin water pap, to which may be added an equal quantity of new milk, or rather water alone, with the addition of a little sugar. If this be given without any wines or

spiceries, it will neither heat the blood, load the stomach, nor occasion gripes."

256. For ourselves we have ever borne pointed testimony against dosing the new born infant with salt and water, or with the more disgusting draught of its father's urine. Suffice it to say, when the child is born, the mouth should be cleared of every thing that might impede the free exercise of the breathing life—if any thing medical must be given, let it be a spoonful of catnip tea, with a little sugar, and a few drops of milk—If it need any thing laxative, a little sweet rennet whey, with molasses, may be given by the mouth or by injection. If the meconium assumes a tough phlegmy consistence, and the child appears to choak and strangle, five or six drops or more of the simple tincture of *Lobelia Thomsonia* may be given with perfect safety. It should be repeated until the child pukes freely. We have never hesitated to give it, and our confidence of success has been fully realized. Some respectable authorities recommend a tea spoonful of castor oil, or sweet oil; but we have long noticed the fact, and fearlessly make the assertion, that notwithstanding the oils may move the bowels and carry off a portion of the meconium, they seldom fail to increase the

quantity of tough, ropy, mucous about the mouth, throat, and stomach, producing an obstructed rattling respiration. A little castor oil made warm and rubbed externally over the abdomen, with a warm hand and a good degree of friction, will produce a more salutary effect—it will prove a laxative to the bowels, without generating phlegm in the stomach and throat.

257. Putting the child to the breast, for a short time, several times in a day, it will be furnished with a portion of its mother's first milk in an agglutinous state; in technical language it is called *colostrum*. This colostrum, whether used as food or physic, is a provision of nature to nourish the child and gently deterge the bowels, far superior to all the preparations of art. The moderate suction of the nipples prevents soreness; but excessive, incautious indulgence, will not only occasion but greatly aggravate that difficulty—a small portion of Jewett's plain liniment rubbed round the nipple and the region of the areola, will operate as a preventive, or curative of chaps, eruptions, and excoriations. A soft rag wet in Turlington's balsam, and often applied, seldom fails to surprise by its salutary and speedy effect. When the milk vessels are suffered to become over full, and the breasts

begin to inflame and tumefy, and the heat, pain and distension extend to their terminating extremities in the nipple, in this turgid condition longer and stronger suction will be indispensable to extract the milk. No wonder then, when sucking has been deferred until breasts and nipples are thus inflamed and tumefied, the tender skin that covers the latter is easily fretted; which, in addition to their naturally exquisite sensibility, renders them liable to a very painful soreness. Compression and friction from the woman's clothes should be avoided. A strong wash of a tea of witch-hazel leaves, is cleansing and healing; it strengthens the texture of the skin. Caps of thinly plated bees-wax, will be a great protection from external injuries.

258. In the present improved mode of botanical treatment during pregnancy, at the time of parturition, and during their confinement, the dangers formerly connected with child-bearing are greatly diminished. Many terrifying and incurable disasters, that formerly were common to mother and child, are now of rare occurrence. Although we devoutly wish to see our fair sisters officiate for each other, we know how to sympathise with their timorousness and dread of responsibility in cases of difficulty and danger. Notwithstanding, in a

vast proportion of cases unassisted nature may effect the birth of a child in perfect safety. In civilized life it cannot be considered prudent, in any case, for a woman to be alone. At the same time we contend, strenuously, that in a vast proportion of cases an affectionate, discreet husband, might afford every kind and degree of assistance that essentially belongs to a midwife.

259. "There is no subject," says a modern writer of deserved celebrity, "of which women in general, are so entirely ignorant, as that of parturition, or delivery. Almost all of them are under the impression that labor is completed more by art than nature; hence the most noted accoucheurs are employed to attend during this interesting period: and professional men, in general, have no wish to undeceive on this subject, as their interest is too much concerned. I have often been astonished to see the credulity and ignorance manifested on these occasions. Thanks and blessings have been poured upon me, under the idea that I had saved their lives in labor, when I had done nothing but look on and admire the perfectly adequate powers of nature, and superintend the efforts of her work; and it is nature that accomplishes all, while the accoucheur gets the credit of it. There

is not one case in a thousand, in which you can be but a silent spectator, except it be to calm the fears of the ignorant and timid attendants. The injury that is done by the untimely interference of art, is incalculable."

260. "In pregnancy," continues the writer, "women must be bled till they have not strength enough to accomplish delivery; and when it takes place, the forceps, or other instruments, must be used; which often proves fatal to the mother, or child, or both. Were all women properly instructed on this branch, many lives would be saved."

CHAPTER XXIII.

261. Females should be instructed—262. Women are naturally best qualified for accoucheurs—263. Women admonished to assume resolution—264. Midwifery more safely conducted than formerly—265. On the use of instruments—266. Of institutions for female instruction—267. In the higher circles of life the business of midwifery is confined to the scientific faculty—268. Of modern improvements—269. Of Thomsonian prescriptions—270. Women have too little confidence in themselves—271. Solicited to assume the dignity that belongs to their sex—272, 273. Concluding remarks.

261. In this work we have endeavored to spread

before the candid enquirer, in a concise and intelligible manner, the requisite instructions. It is certainly desirable to place the profession of midwifery in the hands of females; of course it is important that they should receive all that instruction, that may be necessary to qualify them to cope with the greatest difficulties that may possibly come in their way.

262. We have been repeatedly told by writers on obstetrical subjects, that the fatal results of child bearing, have been greatly diminished in modern times, especially in populous cities, where the business has been extensively transferred to the medical faculty. To what cause shall we impute the successfulness of the regular accoucheurs? No one will pretend to say that they are naturally better qualified for such services—no! for the contrary position is true, viz: that they are not, and cannot, be naturally, as well qualified. Woman alone can tell the feelings of a woman. No claim to any preeminence of skill can be honestly predicated on any other foundation, than just this, our distinguished accoucheurs are men of scientific acquirements,—they have an extensive comprehension of the anatomical structure of the female organs of generation. but, notwithstanding the

process of procreation, and parturition, have something mechanical relating to them, yet children continue to be begotten and to be born, without the application of mathematical instruments, under the superintendence, and by the immediate agency, of persons who cannot solve a single problem of Euclid.

263. If our learned accoucheurs, by many years devotedness to the habitual study of the peculiar mechanism of the uterine organs, and of all the adjoining and neighboring parts, and by the immense extent of their practice, have sometimes acquired by long continued, habitual experience, great practical advantages, of which they are so fond to boast, let none of our fair sisters imagine that it is impossible for them to equal, or even excel the gentlemen, who with unblushing assurance, assume the prerogatives of their sex, and often wantonly travel over their unalienable privileges. Let a few talented, virtuous individuals among our country-women, assume the noble resolution of applying their attention to the subject; and they will soon discover, that there is a far greater mystery in conception, than in parturition; and that, where no accident has occurred, no violence been inflicted on the woman, there is seldom a solitary

instance in which the latter is not effected by a process perfectly natural as the former; and no more requires the interference of a scientific doctor. Ye daughters of humanity, become the determined paragons of every virtue, and never be induced to immolate the modesty of your sex, to the seduction of an avaricious, monopolising medical faculty. Give your attention to this little volume as you ought to do; and if you have but a moderate capacity, you can soon comprehend our plain and simple instructions—then you will discover that common sense, independence of mind, perseverance and patience, will enable you to overcome all difficulties, in the exercise of the obstetrical profession, that can be surmounted by human ingenuity.

264. It must not be concealed from our fair readers, that midwifery is more safely conducted than formerly, even in those sections of our country, where it is confined almost exclusively to females. By the general march of improvement, many of the superstitions and fooleries of ancient days have become obsolete, and have given place to a more rational course of conduct. The pretensions of male accoucheurs to superior successfulness, is of doubtful character. This testimony,

given by themselves, in their own favor, involves too much of self interest in its nature to be admitted, without some suspicion of its correctness. Dr. Ewell remarks, concerning these boasting innovaters, that "*Their hurry, their spirit of acting, have done the sex more harm, than all the injudicious management of midwives, of which they are so fond of talking.*"

265. Many of our men-midwives resort to instruments on every slight emergency, using the forceps to expedite a lingering labor, that would have resulted more favorably, if they had been dead or consigned to Botany Bay, before they raised those instruments of cruelty, merely to evince their scientific skill. The frequent resort to instruments, savors more of the barbarian, than of a humane, skilful, sympathizing gentleman. Alas! how are the credulous multitude imposed upon. In all our practice, we have never resorted to the forceps but twice; that was, when we were young and inexperienced. We were soon after convinced they might have been dispensed with without danger to either mother or child. The midwife must therefore spare her censure, because we have withheld useless instruction. It was not to teach her how to wield the instruments of female de-

struction, that we have drawn our pen. We have aimed for the preservation of life, and not its destruction, in all we have written. The lacerations we have known; the lameness that has been induced; the incontinence of urine, prolapsus uteri, and other disastrous consequences, have been to us matter of solemn warning, to avoid the perforator, the forceps, the lever, the vectis, and the blunt hook, of the scientific accoucheur. The midwife who understands the principles of nature's operations in bringing forth children, will not resort to pineers, tongs nor crowbars, to dig for babies.

266. It is a pleasing reflection, that in divers places in Europe and America, institutions are established for female instruction. In these they are placed under the auspices of those who have labored hard to cultivate and improve professional skill; to reduce it to more correct principles, founded on the broad basis of nature's unerring laws, and the strong light of extensive experience and observation. We hope such laudable measures will be more ardently pursued in our highly favored country. Though in populous cities beyond the Atlantic, and in some in these United States, where opulence, luxury and vice abound, a monopolizing medical faculty have availed them-

selves of the ignorance, credulity and superstition of the multitude, to engross the obstetrical practice, we think the time has arrived for a strong reaction of public sentiment and feeling. We are not wishing to recede from our present elevation, as a community, back to savage manners and usages. We have no disposition to have our mothers, wives and sisters, retire in solitude, to bring forth their young, as the wild goat yeans in the clefts of the lonely mountain rocks. We know we must take human nature, and the present state of society, as we find them, and not as we might very properly wish them to be.

267. It is in what is called the higher circles in society, that the business of midwifery is almost exclusively consigned to the professional diplomatic accoucheur. These elevations are mere impudent assumptions, founded on wealth, and not on merit. Among the class to which we refer, the gentlemen seldom know much, or think much, or care much, for any thing but their mercantile speculations, land jobbing, or some private or public financial concern ; or having passed to the summit of their anticipations in the acquisition of a fortune, they wallow in luxury, dissipation and debauchery. The business of their wives is to eat,

drink, sleep, visit, receive company, make arrangements for balls, tea-parties, the theatre, and ten thousand idle amusements. This is but a faint picture, a mere squint at high life. Literary men find it for their interest to flatter the vanity of those from whom they calculate to derive pecuniary advantages. The most learned and wise are seldom wealthy; but often poor and dependent. They are often compelled, from circumstances, to contrive ways and means to glean from the more wealthy, but less informed, the means of subsistence, without recourse to manual labor. Necessity, that fruitful mother of invention, has induced the contrivance of multiplied means, to sustain one portion of mankind by the toil, sweat, fatigue, and oppression of the rest. Hence all the learned professions, that lead the van of human affairs, and go far in controlling the destinies of civilized life.—Were it not for the golden harvest that waives prospectively before the medical student, we should seldom see one over ambitious to thrust himself into the bed-chamber of a woman in labor. The young diplomatic student, who has learned in the dissecting room, by seeing the sexual organs of a dead woman, cut into a hundred forms, and in scattered parcels, systematically dis-

disposed of, how to deliver a living woman of her pregnancy, and passes for an accomplished accoucheur. There is a strangely magical infatuation; a strong delusion, to which the multitude are subject in this matter. They believe much, and hope much, from any one they account a learned man. But, many a learned man is as ignorant of the true principles upon which a case of parturition should be managed, as the native Hottentot ever was of the Christian Theology. Yet, if he has studied medicine; passed his examination, and taken his degrees, the woman in labor must send for the doctor!

He comes! he comes! good heavens defend us!

With magic rites, and things tremendous.

263. Amidst the boast of modern improvements, and they are allowed to be many and useful, it must not be concealed, that midwifery is more safely conducted than formerly, in those sections of the country where it is confined to females. Many of the superstitions and fooleries of ancient days, have given place to a more rational course. The doctrines taught by Dr. Thomson on this subject, however simple and concise, have contributed in no little degree to give facility to the progress, and safety to the issue of parturition.

269. Dr. Thomson's prescriptions, however simple, have been long proven to be efficacious. His directions are applicable, not only to natural labors, but in the most difficult cases, and complicated circumstances, his mode of treating the patient will always have a salutary effect. The midwife who adheres to his instructions in relation to medical treatment, will seldom find herself embarrassed : for, really difficult labors are not *very* frequent ; and those we have called preter-natural, are of still more rare occurrence ; and even in these, nature will in most instances do far better than the premature, hasty, impatient interference of art. Provided a woman be treated on strictly Thomsonian principles, she will seldom have much to fear.

270. We regret that many capable and excellent women have too little confidence in themselves—that they are inclined to think that there certainly must be some art or mystery in bringing a child to the world ; whereas, in natural labors, all is natural from first to last ; and in other forms of presentations, whatever little assistance may possibly be occasionally derived from art, yet it is the power of nature alone, that, in any case, can overcome the greatest difficulties, and accomplish

the consummation of the birth, with a certainty and safety that challenges the competition of scientific skill.

271. It is unquestionably for want of due reflection, that in every part of our country, if the midwife gets alarmed at the prospect of approaching danger, whether real or imaginary, the regular physician is sure to be consulted. If our friends, our dear country-women, would only assume the dignity that belongs to their sex—if they would abandon the novels and romances, that have such a witching influence on female minds; that give them a knowledge of almost every thing useless, and of demoralizing tendency, and would pay attention to read and understand such things as impart a real knowledge of things in which they have a high and unequivocal interest, what a revolution in the usual round of affairs would be suddenly effected?

272. We hail our great Botanic sisterhood with feelings of inexpressible anxiety. As a confidential friend, we approach the fair daughters of the great and widely populated country that surrounds us. Our kind sisters will please accept our most cordial salutations. We respectfully solicit the attention of all married women—inviting them to

read and understand our little volume, that may now providentially reach their hand. Will you instruct your daughters, imparting to them every useful instruction you may have obtained by our instrumentality? If your daughters are too delicate and modest to receive the instruction of a mother on these subjects, they should be too delicate and modest to marry and cohabit sexually with their husbands. But we say teach them, and teach them faithfully and explicitly, what every son and daughter of Adam ought to know, that intends to become a parent. The important information this little volume contains, will enable you, if disposed, to serve the cause of humanity, to avoid the mortification of introducing, on trivial occasions, the inexperienced, perhaps single, beardless stranger, into the chamber of parturition. Your kind husbands, whose doting fondness often leads you into errors, by which the finer feelings of the soul are tortured by the martyrdom incident to an old and superstitious custom, will escape the burden of medical taxation, those exorbitant demands for professional services, which unhappily has become a proverbial reproach to our scientific accoucheurs. Let the daughters of liberty learn to appreciate the blessings we enjoy, civil and re-

ligious, cultivate their minds with a love of virtue, and the acquirements essential to their well-being. Marriage, on correct principles, is a high and honorable relation—to this we owe the fondly endearing appellations of father, mother, brother, sister, husband, wife, son and daughter. The young and healthy woman, when she marries, anticipates maternal feelings and enjoyments, that may arise from the fruit of her womb : shall she not then wish to know how an offspring may be brought into the world, with the greatest ease possible, and with the least possible danger to herself, and the children she may be destined to bear.

273. We are sensible that we live in an imperfect state of existence. All plans of human wisdom are liable to objections. We are sensible that many midwives in remote country situations, are often impelled by the strong impulse of humanity, to turn out and travel many a tedious mile, on obscure and lonely roads, at midnight hours, with men of every cast, sometimes with the very offal and scum of mankind. Such a scene, we are sensible, must be more revolting to the delicate feelings of a chaste mind, than the admission of a humane, generous, experienced accoucheur, to the bed-side of a woman in labor. These trials

of modest sensibility, might be often avoided by a father, a husband, a brother, or a son, accompanying the midwife on the road; or by the interference of her friends to dispatch a messenger of so respectable standing, that the tongue of slander could not find occasion for reproach. When women of pure principles and irreproachable behavior are under the necessity of encountering such difficulties, the wise and virtuous of both sexes, should exercise feelings of commiseration, and protect them against the evil machinations of their enemies. If there should be any, who, like many of the faculty, act solely under the influence of avaricious motives, that no exposure can annoy, while the lucrative harvest of their "fee and reward," is waving before them, we would willingly rebuke them sharply. If the remark reaches the case of any of our obstetrical sisters, we will only say to the individual,

"Let thy pride pardon, what thy nature needs,
The salutary censure of a friend!"

CHAPTER OF ACCIDENTS,
AND
FORMS OF DISEASE,

*To which Females are liable, anterior to, during,
and succeeding the period of Uterogestation.*

FLUOR ALBUS.

This complaint is called leucorrhœa, or whites. It consists of a thin, whitish, serous, slimy discharge from the womb and vagina. It varies, however, in color and consistence, in different women, and in the same woman at different times. Women of irregular or excessive menstruation, of weakly habits, and those who have borne many children, are peculiarly liable to this complaint. The chastest virgins have sometimes felt its ravages. It is attended with weakness across the loins, profuse offensive moisture about the external orifice of the genital members; painful menstruation, &c. When periodical, it is more plentiful a day or two previous, and two or three days

after the regular menstrual period. General debility, irritable state of the nerves, palpitations and hysteric affections, pale countenance, dyspepsy, costive habit, low spirits, disturbed and unrefreshing sleep, with many other concomitant symptoms, attend the complaint.

In a more aggravated form, the discharges are yellow or dark colored, green or blackish, and sometimes corrosive, resembling in appearance the washings of flesh. A sensible, and even troublesome heat of urine, laxity of all the uterine organs, and an itching sensation about the labia, admonish the woman that it is time to resort to some medical means to relieve her difficulty.

In bad cases, and suspicious persons, we should be careful to distinguish the whites from ulcerations of the parts concerned, and from *venereal gonorrhæa*.

In effecting a cure, cleanliness is indispensable. Daily ablutions with cold water will have a good effect; provided, the woman will first wash her face with the same: with this precaution she will not be in danger of taking cold—provided she be particular to wipe herself dry. Some prefer water a little warm, especially if there be a sense of soreness about the parts. Where this method is con-

venient, we should recommend it; especially in cold and damp weather. This washing should be attended to twice a day, or oftener, where the discharges are profuse and foul. Syringing the parts with warm water, or a little windsor soap, or any fine soap and water, will be useful. Strong tea of witch-hazel leaves, red raspberry leaves, or the birth-root, or cranesbill may be used. To a tea of any or all of these, a teaspoonful of No. 6 may be added. These means should be preceded, or accompanied with a Thomsonian course of medicine, and be followed with Dr. Logan's long Thomsonian course, using the mixture called WOMAN'S friend, in the middle of the day, or oftener, at discretion.

A plaster of Burgundia Pix, or in preference, Dr. Thomson's strengthening plaster, spread on thin leather, should be worn across the loins. To complete the cure, the spice bitters are excellent. The Canada balsam, called also balsam of fir, dropped on fine sugar, may be taken twice a day, to remove the lingering remains of the malady, to excite uterine action, and prevent the return of the malady, when the patient appears constitutionally inclined to suffer that way. If costiveness require it, injections in the bowels should not be neglect-

ed. The common Thomsonian injections, are preferable to any with which we are acquainted. Pain and soreness in the back, and across the abdomen, and pressing of the womb into the vagina, may be greatly relieved by a faithful application of Jewett's stimulating liniment.

PROLAPSUS UTERI;

Or bearing down of the neck of the womb.

This bearing down of the womb, or *prolapsus uteri*, has also been called *procidentia uteri*: but what care we for technical names, farther than to be able occasionally to speak on some delicate subject, without offence to the modest ear. However, useless affectations of modesty in cases of stern necessity, are not commendable. It is not in the most refined walks of social life, we are to look for sickening affectations of exquisitely modest sensibility. We shall never forget the modesty of a young woman, who had followed Wayne's army in his last campaign: she left a meeting house and its worshipping congregation, in much apparent disgust, because in the illustration of his subject, the preacher had solemnly quoted the language of inspiration: "Who knoweth the way of the spirit, or how the bones do grow in the womb of her

that is with child?" But we will return to our subject. When the womb sensibly settles from its natural position, and its descent is perceptible in the vagina, or passage of the body leading to the womb, it is said to prolapse or protrude, the state or condition of being settled, is called a prolapsus or protrusion of the womb. When it so subsides that the neck, or lower portion, slides down through the vagina, so as to be felt, or seen at or below the external opening of the pudenda it is called a procidentia, or hysteroptosis. The old ladies would call it, in common parlance, the *falling of the womb*. This complaint sometimes forms such a fulness and bearing down of the external parts between the thighs, as to render the woman very clumsy and awkward in walking. Sometimes this complaint is exceedingly painful, and greatly interrupts a woman, otherwise in good health, in the discharge of her domestic avocations. In some, we have known the neck of the womb protrude several inches below the labia pudenda.—The fluor albus, or whites, is a common attendant on this complaint. The excessive weakness that a profuse leucorrhœa, [excessive flow of the whites,] will occasion, will readily induce a great falling, pressing and protruding of the womb, from

whatever cause it may arise, which will, in turn, occasion excessive moisture, and the flow of that slimy, watery, weakening discharge. Young women have been sometimes sorely visited with this complaint; but with them it is a rare occurrence. Women who have labored hard, and carried heavy burdens, especially while pregnant, and those who have been much in the habit, in time of labor, of putting forth all their strength to force their child into the world, and those who by mismanagement have been subject to copious floodings, are particularly liable to this complaint. In the early periods of her pregnancy, a woman with a prolapsing womb, finds it more inconvenient and troublesome, than after her pregnancy is so advanced as to raise the body of the womb higher in the *pelvis*, and present a broader surface to rest on its brim.

An ounce of prudence, or precautionary care to avoid such unfortunate occurrences, is better than a pound of curative prescriptions after the complaint is once established. We will give a case kindly reported by our respectful correspondent, Dr. Wilson Thomson, of Lebanon, under date of Oct. 8th, 1834. The Doctor remarks: "Since my return from Columbus, I have had one bad case of prolapsus uteri. Mrs. B. an unshaken Thomso-

nian, in her fifth month of uterogestation, from a sudden strain in lifting a kettle, and an unfortunate slip or glance of the foot, was soon affected with threatening symptoms of abortion; or rather, I would say a miscarriage. Her case became alarming. Dr. Crane was called in, and put her through a regular Thomsonian course, which greatly relieved her pains, &c. Still some fever, pain and spasmodic action remained. She complained of constant distress in the head and back, with much debility, oppression on the lungs, accompanied with hysterical depression of spirits. She was compelled to confine herself to her bed, reclined on her back—for in any other position her pain and difficulty would increase upon her. This was the situation in which I found her, when I arrived at home from your city. The *fœtus* was very restless, and in constant motion; though the motions were feeble. It was low in the pelvic cavity, so that injections in the *rectum*, would probably have occasioned expulsive pains, so as to have rushed the child forward to the birth. It was by examination per vagina, that I detected the fallen condition of the uterus. The womb and its contents were protruded low in the cavity. I raised it up until the child was above the brim of the bones of

the pelvis, placed a bandage round the patient, to which I secured a stay behind, to be brought under the body, between the thighs, so as to press a soft compress, or cushion of several folds of cloth, firmly against the pudenda, (underneath the symphysis, or centrally connecting joint of the ossa pubis or share bone.) These measures relieved her pains, and all her alarming symptoms at once. She was then put through another thorough Thomsonian course, used the warming medicine, nerve powder, unicorn powders, and some other articles of a similar nature. She is now doing well."

In the cure of this complaint, great attention should be paid to cleanliness. The external parts, and whatever protrudes low down, or out of the body, should be subjected to frequent ablutions of a strong tea of pond-lilly, or witch-hazle leaves, or some strong vegetable astringent. Injections of the same per vaginum, are of peculiar service. Strengthening plasters worn across the loins, and above the pubes, will be found useful.

In cases of long standing, that have become habitual and obstinate, the *pessary* may be used with advantage. Those made of gum elastic, we have always preferred. They are a safe and simple instrument. A husband, or any female friend of com-

mon ingenuity, can introduce it and place it to its proper position. The bladder and bowels should be first evacuated. If necessary, an injection may be given. Then let the pessary be lubricated with sweet oil, or hog's lard, or any soft oil : with the fingers of one hand, open the labia, and with the other, introduce the instrument into the vagina. When the pessary is passed up to a proper height, gradually incline it round, so that the hollow side may be placed upwards, and receive the mouth of the womb to rest within it. A woman should be furnished with pessaries of different sizes ; because when too large, they may occasion uneasiness and a painful sensation ; if too small, they cannot easily be retained. If they be of a size to suit the size of the passage, they will not excite any unpleasant feelings. In going to stool; the woman should be on her guard that it does not slide away. To avoid accidents, she should avail herself of a chamber-pot, in preference to all other modes of accommodation under such circumstances. A pessary should be occasionally removed and cleansed. If there be any danger of the womb protruding suddenly by its removal, let the woman recline on a bed, while some friend with a little warm soapsuds, washes the instrument, rubs it dry, lubricates with

oil, and restores it to its place. All this is so easy to accomplish, that we have never found a woman, who by being once shown the mode of management, had any occasion for further instruction.

After all, we are decidedly of the opinion, that if strict attention be paid to the general health of those daughters of affliction, who labor under this difficulty, if their local weakness be properly attended to as we have recommended; if a full course of medicine be repeated at proper intervals, and continued for a due length of time, accompanied by Dr. Logan's long Thomsonian course, judiciously administered, women would seldom find occasion to resort to the *pessary*. The remedies recommended for fluor albus, will always be useful, as both forms of complaint are the result of extensive debility, local and general. Rubbing over the bowels with a mixture of sweet oil and No. 6, mixed and well shaken, may be rubbed above the bubes and across the loins, with advantage. It excites an healthy action; and gives tone and vigor to the parts.

OBLIQUITY OF THE WOMB.

Authors have introduced a great variety of descriptions relating to the misplacement, or irregu-

lar position of the womb, which appear to be of little practical utility. When the fundus is turned over toward the back of the woman, inclining downwards upon the cervix uteri or neck of the womb, between the vagina and rectum, the mouth of the womb is pushed forwards and upwards towards the pubis. The lower the womb has pressed down backwards, the farther will the os uteri be turned towards the share bone. This kind of misplacement is technically called a **RETROVERSION OF THE WOMB**. When the fundus of the womb is turned down backward as above stated, and the mouth and neck of the womb retain a natural position, which Denman says "can only be produced by the curvature, or bending of the uterus in the middle, and in one particular state; that is, before it is properly contracted when a woman has been delivered." This form of the complaint is called a **RETROFLECTION OF THE UTERUS**.

The womb may incline obliquely backwards or forwards, to the right or left—more frequently to the right than to the left, and still more frequently backwards. The possibility of the body of the womb being turned down directly forward, towards the pubis to any great extent is held doubtful. A woman habitually laying on one side may

occasion a lateral obliquity, which may be commonly remedied by a thorough change of position, so as to rest on the other side. These deviations from the natural position of the womb, are not confined exclusively to pregnant women, but in them it is by far more common. It is in the early months of pregnancy, that women are most liable to these obliquities. They seldom occur beyond the fourth or fifth month--most commonly about the third and fourth. An excessive distension of the bladder, has been accounted the most common cause of retroversion. Extraordinary retention of urine, however, has sometimes happened, in which there was no indication of this obliquity having taken place. But let it be carefully observed, that notwithstanding distressing suppressions of urine, and preternatural enlargement of the bladder may exist, without producing such a misplacement of the womb, yet no case of retroversion takes place without occasioning a troublesome suppression of urine.

Denman has an interesting remark on this subject, that ought to be deeply engraven on the female mind. "Women," says the doctor, "who live in an humble situation of life, or in an unrefined state of society, are scarcely ever liable to this complaint, because they are free from the con-

straint of company ; and those in the highest ranks of the most refined society, not being abashed to withdraw from company, are nearly in the same situation. But those who, in the middle state of life, with decent, yet not over refined manners, have not cast off the bashfulness of the former, nor acquired the freedom of the latter, are most subject to the retroversion of the uterus."

To relieve this complaint, it will always be necessary to empty the bladder with a catheter, and the rectum by an injection, before any attempts are made by manual efforts to restore the womb to its right position. If the womb be retroverted backwards, and downwards, as we have described, having made the evacuations proposed, place the woman in a kneeling posture, with her head and body inclining forward, so that the elevation of her hips may favor your efforts. Then introduce a finger, previously covered with some soft, oily substance, and with a pressure discreetly made upon the womb, restore it to its place. If the uterus be very low, have a care not to reach too far, lest you increase, instead of relieving the difficulty. In extreme cases it may be best to introduce a finger into the vagina first, and commence the restoration, which may be completed by following

it up at the rectum. Give the womb a pressure from the rectum, "not directly upwards," says an intelligent accoucheur, "as the curve in the back bone will be an obstacle; but rather to the one side or the other of the centre, where there is the greatest space, and then upwards." The force to be applied requires patience, deliberation and good judgment. A steady pressure, gradually increased, and patiently continued, for ten or twelve minutes, the womb slowly receding, will move with increasing facility until it gains its natural elevation. If after your best efforts you fail to accomplish the object of your wishes, it is a failure that has sometimes happened among the most eminent of the profession. Sometimes when a retroverted womb has been restored fairly to its natural position, it has shewn a disposition, from trivial causes, again to assume its state of obliquity. In all cases the catheter must be daily employed with a frequency proportioned to the calls of nature, and injections never neglected. The use of gentle laxatives may be of service, but we should only recommend them in cases of necessity, where injections cannot be conveniently used. If we have been successful in one operation, it will encourage a repetition of our manual ingenuity, should the occasion require it.

We would admonish women not to be much alarmed at the occurrence of such an event. One of the ablest writers we have ever consulted on the subject remarks: "The obliquity of the *uterus* is in general, of much less consequence than is commonly said. There is, in fact, no accoucheur, a little in vogue, who must not have observed, a thousand times, that the greatest obliquity of the *uterus* does not constantly disturb the mechanism of labor, nor always render it tedious. I have assisted a great number of women, who have been delivered in a few pains, though the *uterus* was so inclined forward, that the belly, like a wallet fell down to the knees when they were standing." For ourselves, notwithstanding the acute discernment and discriminating genius of the writer, we should consider the case given as being at best complicated with a preter-natural distension of the abdomen.

INVERSION OF THE UTERUS.

The womb is completely inverted when the fundus is drawn down through the os uteri. In this position it is wrong end up, and inside out; and no doubt, that in a vast majority of cases, it has been occasioned by an indiscreet pulling and drag-

ging at the placenta, by the navel cord; particularly when it has been attached in a very central position to the fundus uteri. A small extractive force, applied to that point, would undoubtedly be more apt to produce such a result, than when it was attached to the lateral walls of the womb. Where the womb, by some circumstance attending labor, remains flacid and totally inactive, like a flimsy bag, an incautious introduction of the hand, to separate or detach the placenta from its membraneous junction to the womb, may easily give it an inverting inclination. The withdrawing of the hand that had been thrust into the womb, occasioning a kind of suction, and the collapsed uncontrolled condition it is in, the after-birth not entirely loosened, as the midwife draws down the partially adhering placenta, the fundus of the womb follows, and becomes either partially or completely inverted. In a partial inversion, the bottom or concave arch of the womb has been drawn down into the neck, but has not been dragged through the os uteri, but remains in that distressing condition, and the cause of the woman's suffering undiscovered, perhaps unsuspected, while she lives. As for a voluntary or natural inversion of the womb, independent of some

cause, acting mechanically to produce it, it is but a fabulous, conjectural apology, to excuse the inadvertency of the unfortunate accoucheur, and pacify the suspicions of the patient, or her friends, that an error has been committed, by which a ruinous injury has been inflicted on her person.

When the inversion is complete, it should be immediately restored—delays and irreparable misfortunes go together, in such a case as this. Let the woman be placed on her back, her hips raised with several pillows—her feet drawn up towards her nates, and an assistant to steady her knees and keep them at a proper distance from each other, push the uterus into the vagina, and following it with the hand, pressing against the fundus, it may be crowded through with little force.

We are confident the case mentioned, *sec*, 76, p. 73, was an inverted womb, though we have called it a fungus growth, *in the text*. The description given, was written on the spur of the moment. The long time, viz: seven or eight years, that she had been in that condition, the fungus inequalities of its surface, and extent of scirrhous indurations. It being the only case we had ever seen, we have preferred, *in the text*, to give the statement agreeably to our first impressions,

that our readers may be fully apprised of the appearances, and be able to judge with more certainty, should a similar case fall under their observation. Francis, in a note on Denman, states, that "the inverted uterus has been removed, and the patient recovered." "This," says he, "is not a novel practice." He mentions a case of "inverted uterus, the whole surface of which was in a state of ulceration. Above this tumour was the vagina, also inverted, having partial ulcerations upon it. A ligature was applied round the contracted part of the tumour, where the uterus terminated, and the vagina began. It was tightened daily, until about the 11th or 12th days, when the parts included in the ligature were observed, and the uterus fell off. During this time the woman complained of very little pain. Adhesions had taken place between the sides of the vagina, so as to prevent the exposure of the cavity of the abdomen, and the woman recovered." From our own experience in removing polypus, we would say that on the fourth or fifth day at farthest, if the ligature had been made secure, the whole tumour might have been cut off below the cord and no dangerous hemorrhage would have ensued.

ON THE EXTRA UTERINE FŒTUS.

Superfœtation consists in the womb, when in an impregnated state, being re-impregnated at a subsequent period. This remarkable occurrence, however, is not as extraordinary and marvellous, as what is called extra uterine fœtation, in which the conception is not deposited in the womb, but in an extra position. This we presume must happen, when the *embryo* in the ovary is not received within the grasp of the fimbriated extremity of the fallopian tube, and through it conveyed into the uterus, to be attached to its inner surface, through the medium of a membranous lining, spontaneously formed for that and for other purposes soon after conception: but in case of extra uterine conception, the ovum, or egg, is either retained in a fallopian tube where entire fœtuses have been found, or never passes into them, but falls off and finds its way into the cavity of the abdomen. There it must remain.

We were acquainted with a venerable and experienced midwife, some years ago, who then resided in Brown county, in this state, (Ohio) not far from Russelville—she was about sixty years of age when we were acquainted with her—she had

When carried an extra uterine foetus for eighteen years. Her abdomen was loose and capacious, hanging like a bag over her pubes. The limbs of the foetus could be distinctly felt through the integuments of the lower belly. By an examination per vagina, though the neck of the womb could be distinctly felt, and it, and the adjacent parts were in a natural condition, except a little enlargement of the former, and a great laxity and capacity of the latter, than is common to women in a healthy state.

She informed us that after her conception, at the completion of her nine months, her whole system assumed a disposition to be in labor—the neighboring women were some of them collected, and a midwife sent for; and she, though pregnant in body, had but an empty womb. This disposition to be in labor, at or before the full time, with women so circumstanced, seems to intimate that labor is not occasioned merely by the fullness and distension of the womb, or any particular faculty that viscus may possess: but the foetus having arrived to maturity, or casually acquired certain qualities in itself, or in its placental appendages, disposes to expulsive uterine action. In the case we have named, the woman did not menstruate

during her natural period; but after that time transpired, her menstrual discharges returned, and continued for several years, until the time of life arrived in which she supposed it was perfectly natural that it should cease to be with her after the manner of women. This woman frequently expressed great anxiety, that at her demise her body might be subject to a post mortem examination, that by a demonstration of the fact, some light might be elicited that might be of use to the medical world.

AFTER-PAINS.

After the birth of a child, all women are liable to suffer more or less pain in the back, loins and region of the womb. Sometimes these after-pains, as they are called, are very tedious and troublesome. A woman with her first child seldom suffers as much as with her subsequent children; first labors being naturally more lingering, time is gained for the placenta to be more completely separated, and the membranes to be brought away more entire, containing the coagulated blood, which would have been painful to pass after the parts had become contracted. There is also a strong sympathy between the breasts and womb,

so that the sucking of the child for several days is apt to occasion considerable pain.

For these pains we prescribe composition tea—cayenne—rheumatic drops, to the abdomen over the region of the pain, and to the small of the back, and along the spine—Jewett's stimulating liniment may be applied in the same way—A tea of raspberry leaves should be drank freely—A tea of skunk-cabbage is excellent. Flannel cloths should be wrung out of a tea of bitter herbs, and applied warm to the pubes, and across the belly, frequently repeated, when the cleansings are moderate, and attended with much pain. Hot bricks, or stones, or bottles or jugs, filled with hot water, and applied to the feet, knees and loins, promote a free perspiration, and greatly alleviate the pains. Catnip tea allays thirst, promotes perspiration, and relieves pains—A bag of hops, scalded in boiling vinegar, and laid warm to the bowels, seldom fails to produce salutary effects. In extreme cases a Thomsonian injection should be used—A tea of cinnamon, or of pennyroyal, are good substitutes, when better means cannot be obtained.

LOCHIAL DISCHARGES.

Those puerperal cleansings, that succeed the

birth of a child, are called the *LOCHIA*, or *lochial* discharges. By this kind of *shew*, we do not mean a flooding, which sometimes takes place from the open bleeding mouths of blood vessels laid bare by the detachment of the after-birth from its place of adhesion within the womb; or because the womb does not readily contract, consequently, the orifices of those ruptured vessels do not collapse, and the hemorrhage continues. Of this we have treated particularly in another place. The lochial cleansings, though they proceed from the same source, are salutary, and indispensable; because, in all cases where these discharges are suppressed, after-pains are increased, feverish excitement disturbs the system, the stomach sympathises with the womb, and the brain with the stomach, until, in some cases, a temporary delirium or partial aberration of mind ensues. In these cases, all the remedies prescribed for after-pains, will be the most eligible course; and they should be pursued with active perseverance. When the lochial cleansings are too profuse and weakening, the remedies recommended in cases of flooding, should be resorted to. The capsicum, in Thomsonian language No. 2, must not be neglected.—A tea of witch-hazel leaves. red raspberry leaves,

and umbil combined, will be useful.—A tea of the witch-hazel leaves and pond lilly root may be injected into the vagina. Injections, well charged with lobelia, No. 6, and capsicum, should be syringed into the rectum. But women should not be alarmed at every little irregularity—the warming medicine, taken seasonably, and properly continued, will generally obviate all these difficulties. Many women cannot be contented, while in a pregnant state, without swallowing down large doses of laudanum, paregoric, or solid opium. These unfortunate beings, addicted to this species of intemperance, are particularly liable to great derangement of uterine action. Let this be a caution. We are as fully persuaded as Dr. Denman that opium given to a woman in travail, “disturbs the order of labor, and frequently produces very untoward symptoms, making that which was in itself natural, become difficult or dangerous to the mother or child, as evidently as any other kind of unreasonable interposition.” Our own experience and observation perfectly accords with the testimony of this celebrated accoucheur. We know that the regular faculty have often recommended large and repeated doses of opium, or some of its preparation, for after-pains and lochi-

al irregularities ; but, that a medicine so dangerous to a woman while in labor, should become safe and salutary after the child is born, requires wiser heads than ours to comprehend ; we have been the silent and mortified witnesses to disastrous results from the use of this Turkish drug ; even where it had been recommended by the advice of several scientific physicians. Those who wish for the favorite article of the perpetrators of suicide, may have their choice of medicine ; but it is difficult to persuade us, that if opium will kill a well man, that it is a safe and salutary drug that will make a sick person well.

MILK FEVER.

Between the third and fifth day after a woman's confinement in child bed, a constitutional evolution takes place in the secretory functions of the lacteal vessels of her breasts, and milk is produced of a different quality, consistence and quantity, from the colostrum that had gradually collected previous to the birth of her child. A slight chill pervades the system ; and from the flow of milk, the breasts become full, and the distention will always occasion some slight degree of soreness, and a little painful sensation when handled

or compressed. If the woman has used ardent spirits, in panada, or otherwise, with rich and heavy food, sweet meats, and confectionaries, or has taken cold, her symptoms will be greatly aggravated—the pain in her head and back will greatly increase; thirst, fever, soreness, hardness, and pains in the breast, will prove troublesome, unless appropriate means be used to remedy the difficulty. Let her then be careful to use every requisite precaution, and avoid every exposure, and such articles of diet as are of difficult digestion, and do not set easy on the stomach. Those who put their infant seasonably to the breast, and regulate their diet correctly, will, in most instances, pass over this period with very little sensible, or at least without much febrile disturbance in the system. When the complaint becomes serious, and there has been no constitutional predisposition to fever, our best writers and most acute observers conclude that the complaint is an *artificial fever*. To this succeeds a long train of troublesome consequences, particularly a purulent gathering, called a milk abcess, or when the matter is matured and discharged, it is called a broken breast.

It will be useful at the approach of a milk fe-

ver in its mildest form, to bathe the feet in warm water—give plenty of composition, cholic root and nerve powder, in form of tea, at bed time—cover up warm in bed—make application of warm bricks or stones, as we have often recommended, to the feet—let the breasts be carefully and frequently drawn—avoid a too liberal use of tea or coffee, which are apt to occasion a copious flow of milk, and give a painful distention to the breasts. Gentle friction with No. 6, and sweet oil, well shaken together, excites action, removes obstruction, imparting much relief—applied warm, provided the breasts be well emptied. The bowels should be kept free with injections; and laxatives may be useful; for by increasing the evacuation of the bowels, the quantity of milk secreted in the breasts, will be proportionably diminished. If the fever puts on an aggravated form, a full course of medicine should be resorted to without delay. If chilly shiverings return, and a painful tumefaction and tenderness extend across the bowels, with pains in the head, ringing in the ears, anxiety, restlessness, pain in the back and hips, laborious breathing, milk suddenly disappearing—the lochia diminished in quantity, and vitiated in quality—depression of spirits, a brown

fur on the tongue—the teeth covered with a dark encrustation—indifference to her child, and mental wanderings; these symptoms indicate that form of disease called a puerperal fever. This form of fever is sometimes epidemic, spreading over a large extent of country, at the same time, attacking almost every child-bed woman, which at some seasons within our recollection has proved extensively fatal. This form of disease requires to be promptly treated.—If it be well treated at the commencement, it will seldom degenerate into such a state of malignity. Commence with the warming medicine, what Dr. Thomson calls his canker tea, with No. 2; steam if practicable—if not, raise a free perspiration by the usual means we have so frequently recommended in other forms of disease—give an emetic, follow this with a tea of composition and bayberry, with nerve powder—A tea of pleurisy root, will promote perspiration, and ultimately give a gentle motion to the bowels—injections must be liberally employed—Jewett's plain cerate should be well rubbed on the temples, top of the head, over the stomach and bowels, and along the spine. The feet, legs, hands and arms, should be well rubbed with the stimulating Thomsonian liniment;

or, in want thereof, with rheumatic drobs : bit-
ters, and Thomsonian tonic medicine, may be giv-
en to promote digestion, and strengthen the de-
clining patient. This, or a similar course of me-
dicine, must be repeated every day, or every oth-
er day, until the malady be conquered.

SORE NIPPLES,

Inflammation, and Abscess of the Breast.

Sore nipples require to be washed with doctor Thomson's canker tea, a strong tea of witch-hazel is an excellent wash ; a rag wet in Turlington's balsam, worn over the nipple, and a few drops occasionally dropped on, is excellent ; Jewett's plain cerate is good to rub over the sore places ; and the child may suck, only wiping it off with-
out washing—it is good to prevent sore mouth. Dr. Thomson's nerve ointment, made in the usual form, with the addition of a large proportion of the bark of the root of bitter-sweet, and the ointment made of the oil of the ground hog, will be preferable. When the ointment is made, to every ounce add a teaspoonful of Ohio kercuma, as fine as it can be made : You will then have a most valuable unction for sore nipples, chapped lips, piles, &c. We call this, Thomsonian nerve

ointment, No. 2. It will well reward the trouble of the practitioner, who will prepare and use it.

A little repetition in this place, on the subject of sore nipples, will be excused by the reflecting reader, since by neglecting them and not drawing the breast on account of their soreness, is often the commencement of an extensive inflammation and swelling of the breast. When the breast becomes thus inflamed, tumefied, hard and painful, the nerve ointment should be applied to the whole surface as far as it is affected. Soft animal oils are useful, applied in the same manner. It will be of importance to promote perspiration, and equalize the circulation as much as possible, and thereby abate the permanent location of the disease. The feet should be frequently bathed in warm water, and the stimulating liniment applied to the extremities. Friction to the legs, feet, hands, and arms, with bathing drops—No. 2, and composition tea must not be omitted. In fact, a full Thomsonian course is the surest method to ward off the impending evil. Fomentations with flannel cloths, wrung out of a hot tea of wormwood, rue, or tansey, or other bitter herbs; and in the warm application to the feet, do not forget to place a hot stone, brick, or bottle of hot water,

to the loins, and near the affected breast. A seasonable attention to these means will generally succeed; indeed they will seldom fail to arrest the complaint. But if in defiance of all our efforts, the inflammation progresses, and the breast continues to swell, and threatens to mature, or gather, as we commonly speak, a poultice of wheat bread and milk, or of slippery elm bark, or flaxseed, may be applied. The principal medical qualities we can promise ourselves any benefit from, are these three, viz: that they are *soft*, *warm*, and *moist*. Dr. Thomson's poultice is a most excellent application, and should not be omitted, when you can command the materials. When the swelling breaks, and the matter begins to discharge, his healing salve should be applied over the orifice, which should be kept open with a little tent of lint or soft tow. If any fungus or proud flesh, as it is called, begins to sprout up, cover it, and fill the orifice with superfine flour, or with Poland starch, rubbed fine; lay over it some fine lint to press it down, and apply the salve over it, and continue the poultice as long as the swollen condition of the breast may require.—These dressings must be removed two or three times in twenty-four hours, while there is much

discharge of matter, and the breasts must be drawn with much regularity and perseverance.

The internal use of the medicine must not be dispensed with, and the patient's strength must be sustained by the daily use of spice bitters, and No. 4; and the bowels must be regulated by frequent injections. The Thomsonian injections appear to have a specific influence in removing inflammation on the breast—A cup of arssmart tea, twice or three times in a day, arrests inflammatory action, and cures those pains in the stomach and bowels, that so frequently accompany inflammations of the breasts.

LYMPHATIC SWELLINGS,

Of the lower Limbs of Child-Bed Women.

We shall not attempt in this concise work, to give a minute detail of every varied form of disease, to which females are liable during their puerperal confinement. Such as are of the most extraordinary and difficult character, claim our attention; and the practitioner that can manage these with propriety, may be presumed to understand how complaints of every day occurrence and of minor consequence may be successfully treated.

As like causes produce like events, we cannot doubt of the antiquity of this complaint; yet modern writers only, have mentioned it. Mr. Charles White, of Manchester, England, appears to be the first writer on the subject; and Dr. Denman, who mentions this circumstance, was the first author we remember to have read, who gave any satisfactory description of the malady. This form of disease may befall a woman at any time during her lochial period. It is what is called in popular language *the SWELLED LEG, the WHITE LEG, the BIG LEG, &c.* The technical name given by medical writers is, *phlegmasia dolens*. Those who have seen it once, will scarcely be liable to mistake, or hesitate concerning it a second time. It is a complaint of rare occurrence. We do not recollect but eight cases that we have ever met with in our practice. Some respectable practitioners have never seen an instance. A midwife of more limited practice than has fallen to our lot, nevertheless had a record of fifteen cases, that had occurred under her immediate notice in twenty years. It has never proved fatal under our care—it is not accounted dangerous, but is a very troublesome and painful form of disease.

It commences with a painful stiffness and sense

of weight about the loins, the upper part of the thigh, groin, and labia pudendi, with chillness and fever. Wandering, darting pains, are felt through the whole limb, particularly in the calf of the leg, in the knee, and from the thigh down to the heel. The swelling which commences sometimes in the calf of the leg, at other times in the groin or thigh, progresses until the whole limb becomes prodigiously swollen, accompanied with a peculiarly pallid, glossy appearance. In the course of a day and a half, and sometimes in less time, the whole limb, from hip to toes, is frequently enlarged to twice or thrice its usual size. This circumstance, with its glossy white appearance, has given it the name, among women, of the *Big white leg*. There is, at the commencement, a feverish warmth on the skin, which is tense and elastic. If pressed with a finger, it seldom leaves any indenture ; though on the decline of the complaint, we have twice noticed that some impressions have remained, nearly resembling indentures made on an annasarcous swelling ; though, in every other respect, the disease was distinctly marked as authors have described, and we ourselves have seen. It is commonly confined to one side first. We have known one side as distinctly

affected as could be described by language; so that, if the woman being placed on her back, and her feet close together, were to have a line drawn from her navel to a central point between her big toes, the disordered part would occupy the entire one side of the line, while the other side would remain unaffected. The swollen limb is always clumsy, tender, and painful in its whole extent, and the woman loses her power of moving it, and her whole body is much confined, and rendered almost immovable by the clumsiness of the swollen limb. Some are loose in the bowels, others costive. It does not appear to be under the influence of any particular condition of the lochial discharge. As the swelling passes away from one side, the complaint often occupies the other, in precisely the same manner. In some, both limbs are affected at once; in some, a troublesome fœtid diarrhœa, and even bilious vomitings have come on, after the complaint was a little advanced. It is generally six or eight days from the attack, before there is a general abatement of the troublesome symptoms; and even then, the complaint will recede very slowly. The limb first affected, has been sometimes affected the second time. Of such an event, we have never witnessed but one

instance. We have never met with a case of the phlegmasia dolens, in our practice, since our conversion to Thomsonianism. We think the Thomsonian method of treating parturient women, is well calculated to parry off such a calamity, with a good degree of certainty. But should you meet with a case, you will have no use for the popular remedies, viz : bleeding, blistering, mercurial purgatives and opium. No ! you can get along better without them. Incalculable injuries are daily arising from this abuseful management, in administering such deadly drugs. Do you enquire what you shall do ? We answer, rub the limb well with a strong tincture of the No. 6, or with the stimulating liniment ; give her the capsicum inwardly ; give composition tea, with nerve powder, freely. When thus prepared, steam her thoroughly, give an emetic, sweat the leg, and let considerable friction with the hand or a cloth, accompany the applications made to the limb. Flannel cloths, wrung out of a hot infusion of the capsicum in vinegar, have been applied with a very happy effect. The cloths should be repeated as fast as they cool ; and when one part of the limb, a leg for instance, has been bathed and dried off, it should be wrapt awhile in warm dry flannel. Dr.

Thatcher says, that, "In one instance, he found a soft poultice of boiled turnips afford more relief *than any other application* which was tried." So much for the efficacy of vegetable medicine! We have, like Dr. Thatcher, more confidence in *boiled turnips*, than in calomel: we have no doubt that he tried both. If he had used the precaution to have boiled his turnips in vinegar, just sufficient to cook them, and warmed them well with a liberal sprinkling of the African cayenne, we have no doubt he would have succeeded better. Thomsonians are not afraid of being poisoned by a *turnip poultice*, they can therefore be easily induced to try it.

To conquer the complaint, with that promptness that Thomsonians ought to complete a cure, a full course of medicine should be repeated every other day. In case of much sickness at stomach, vomiting, bilious purging or bloody dysentery, which sometimes happens, a teacup of a strong decoction of well cured arssmart, drank three or four times in the course of a day and night, we think will seldom fail to relieve. Sweeten and cream, as you would a cup of coffee. In fifteen minutes after taking the first cup, you will feel relief. The state of the bowels require prompt

attention, not only if there be an excessive looseness ; but, if they be disposed to costiveness, the daily use of two or three injections must be urged upon the patient. Arssmart tea drawn in vinegar, is a good wash for the *puerperal big leg*. The bowels should be anointed with Jewett's plain liniment, if there be much fever. If a contrary state prevail, the stimulating should be used.

HYSTERIC AFFECTIONS.

Women of a delicate habit and irritable nerves, are peculiarly liable to hysterical complaints.— Important revolutions in the state of the uterine system, such as occur at the age of puberty, and the turn of life, difficult and irregular, or excessive menstruation, affect the nerves, and often occasion weakness in the back, palpitation of the heart, hurried and difficult respiration, timorous apprehensions of danger attending their complaint, restlessness, anxiety for new remedies, flatulency, &c.

When you see a woman whose nerves are greatly excited at her menstrual periods, who is calling her neighbors in one day to see her die, and the next day engaged at her usual labor, and who is continually dosing herself with assafœtida and

laudanum, and sending far and near for some eminent physician she has heard of, or for some Indian doctor, water doctor, or witch master, you may mark her for an unhappy, troublesome, hysterical being, whose case is to be pitied.

AN HYSTERICAL FIT, is generally preceded by depression of spirits, often without any known cause, pain in the temples, forehead and eyes, or on one side of the head; tears starting in the eyes; sudden emotions of mind; sick stomach; oppressions of wind rumbling in the body; the *globus hystericus*, or hysterical ball rising in the throat, with pain at the pit of the stomach, with a sense of suffocation and difficult breathing or swallowing—this is described by the old ladies, as being the “*rising of the mother.*” The feet and hands are cold; strictures on the belly; cholic pains; violent spasms; strong and sudden inclination to pass urine, which is commonly clear. The patient will sometimes laugh and cry in the same breath; so that one writer observes, “there is no great difference between the laughing and crying of an highly hysterical woman.” In many cases, we have witnessed contortions and fixed spasms, beating of the breasts violently with the hands, until the patient falls into a kind of fainting fit, or

sinks into a profound sleep, strongly resembling epilepsy. Further description of this malady is useless. These symptoms do not always follow in regular succession. They are wonderfully varied : some are very silent ; others screech and scream terribly ; occasionally indulging in excessive volubility of tongue, uttering many incoherent, foolish, and often laughable things.

The hysterical woman is a daughter of misfortune, whose case demands affectionate commiseration. Sudden frights, evil tidings, great disappointments, and abuses from intemperate, drunken husbands, are among the exciting causes, by which an hysterical predisposition is roused into a violent and distressing form of disease, though seldom dangerous.

A thorough course of medicine, followed by Dr. Logan's long course, each dose taken in nerve powder tea ; taking *woman's friend*, (a medicine so called), several times in the day, and using skunk cabbage tea for constant drink, keeping the genital organs clean, with frequent ablutions with water, taking exercise in the open air, eating light suppers, taking regular exercise, and avoiding excesses of every kind, are among the best remedies that can be used. Cheerful company is in-

dispensable. An hypocritical face, on which the smile of pleasantness never mantles, and the senseless joke and fooleries of empty minds, whose perpetual laughter is as unmeaning as the crackling of thorns under a pot, are both unsuitable associates for hysterical persons. Natural cheerfulness, which, aided by the animating consolations of the christian's blessed hope, that observes an happy medium between all extremes, is well calculated, when the attention of the individual is drawn towards such persons, to sooth the troubles of their way, and leading them to the good physician, and the soul cheering balm of Gilead, to induce them to forget the troubles of the way, and seek a better country, "where nervous affections no longer annoy!"

In a real hysterical paroxysm, a tea of wormwood, rue and tanzy, has been recommended; but a tea of the bark of the root, or near the root of sweet apple tree, with garden camomile, a double handful of the former, and a single handful of the latter, with as much of the root of ladies' slipper, boiled in a gallon of water down to three pints, strain and add half a pound of loaf sugar, and half a pint of French brandy, and dose half a gill three times in a day, is a good preventive; and when

the fits are on, the dose may be repeated every hour. The African cayenne should be used with all the medicines, either by itself, or compounded with other means. In time of the fit, large doses should be given, and often repeated. Injections of tincture of lobelia, particularly Thomson's 3d preparation, in tea of the umbil, will have a good effect. If repeated until vomiting be induced, giving warming medicine freely, the spasms will shortly be relieved. The stimulating liniment, extensively applied, as we have often directed in other cases, will go far in arresting the violence of this complaint.

Women liable to hysterical fits, should avoid tight lacing, late hours, late suppers, and all exposure to taking cold, about the time of their catamenial periods. Damp feet ; going out of warm rooms into a cold evening air ; going thinly clad in cold weather, will have a pernicious effect on nervous constitutions.

BREEDING SICKNESS.

Pregnant women, are generally first apprised of their situation by a suppression of their monthly courses. A new series of uterine actions, extend a sympathetic influence to the stomach. Their ap-

petite fails, or they are assailed with extravagant longings; with nausea, particularly morning sickness: sometimes phlegmy and bilious vomiting attend them. A frequent and peculiarly frothy spitting, irritability of nerves, palpitations and disturbed sleep, cramps in the calves of the legs, extending to the thighs and womb, are complaints almost universal among breeding women. Their most whimsical dispositions, the fond and generous husband will delight to gratify, to every reasonable extent. The irritable state of the stomach and whole nervous system, may be sooner relieved by a full dose of lobelia inflata, than by any other remedy. When this great Thomsonian medicine is given so as to excite full vomiting, the stomach being previously prepared by copious draughts of composition tea, the impression made on the system is general, salutary, and remarkably permanent, provided tonic bitters are not neglected. The frequent use of Kercuma, in teaspoonful doses, is an excellent remedy for habitual nausea. Acidities or sour belchings, may be relieved by white ley, or lime water, or by a little salætatus, or pearlash dissolved in water, which may be made palatable by the addition of a little milk. Bathing the feet in warm salt and water, rubbing the limbs

with No. 6, or the rheumatic bathing drops, relieves cramps: immersing the feet and legs in smartweed tea, hot as it can well be borne, is excellent. A cup of the tea, fresh made and strong, sweetened and creamed, and drank, hot after an emetic has been taken, will be the best regulator of the stomach and bowels that can be found.--Breeding women will always find that keeping the stomach well cleansed with emetics, well warmed with cayenne, and with composition tea, or even pennyroyal tea, using spice bitters daily, to be of incalculable advantage. Restlessness, watchfulness, and disturbed, unrefreshing sleep, may be greatly relieved by the liberal use of umbilic root and skunk cabbage tea. Hop tea, and rubbing Jewett's liniment on the temples, forehead, crown of the head, behind the ears, and on the back of the head, has a remarkably composing influence. The plain liniment, or the stimulating No. 1, or No. 2, are all good. We prefer the latter to ease pains and compose the head.

DISEASES OF INFANCY,

Or those forms of disease and various incidents, to which children, at the birth, and through early infancy, are particularly liable.

OF IMPERFECT RESPIRATION, AND CHILD IN A STATE OF EXHAUSTION.

As soon as a child is born, its new condition demands our strict attention. No being is more helpless and dependant than a new born babe. An Alexander, a Cataline, a Cæsar or a Napoleon, were more helpless and dependant at their natal hour, than the young of the wild beasts of the wilderness. When the infant lungs begin to inhale the vital air, it is an interesting crisis. The uterine life is then receding, and breathing life commencing. The uterine, or fœtal life, is not entirely extinct, nor the respiratory life fully established, while pulsation of the navel cord is perceptible. We give it, therefore, as a general rule, sustained by the best authorities, that “the navel cord is not to be tied until the pulsations in

the umbilical arteries have ceased." An interesting writer has remarked, very logically, that "the pulsation of the arteries of the cord proves the existence of the foetal life. The existence of the foetal life proves the imperfection of the animal life. While the animal life is imperfect, the foetal life ought not to be destroyed. The navel string, therefore, should never be divided or tied, while there is any pulsation in its arteries." While the placenta remains unseparated from the womb, if but a partial attachment remains, the connexion and communication between mother and child still resembles that anterior to the birth, and the circulation proceeds, though with declining force, as it did before. After a child has breathed and cried faintly, we have met with instances of extreme feebleness and exhaustion, in which it seemed as though it was impossible to continue the respiratory action. We have ever been cautious not to separate the cord until the breathing life has been confirmed. We have known instances of the placenta coming down so spontaneously, or by the natural efforts of the mother, that it seemed as though the child, and the whole mass of secundines, were simultaneously cast forth, and yet the child so feeble and powerless, by a linger-

ing, tedious season of preliminary preparation for the birth, that we have been compelled to resort to every resuscitating means in our power, and some cases have baffled our utmost efforts, and the little stranger has sunk in the cold embrace of death. Having previously mentioned the means requisite to revive a feeble, fainting, sinking child, we shall only refer our readers to those general instructions—observing, however, that in such cases as we have just described, we have found much benefit by immersing placenta and child united, into a convenient vessel of warm water. The water should be blood warm, and great care taken not to pull, strain or severely compress the cord, lest its elastic power should be impaired, and rendered incapable of effecting the functional actions indispensable for the continuance of the circulation.

RETENTION OF THE URINE.

If a child does not pass its urine immediately, we need not be alarmed. It is seldom fatal, unless there be some malformation beyond the reach of art to remedy. Bathing in warm water, rubbing the bowels over the region of the bladder with sweet oil, or castor oil. A tea of parsley roots, or of pumpkin or melon seeds, may be administered.

OF THE RED, WHITE AND YELLOW GUM.

Certain appearances on the skin of children, within four or five weeks from the birth, have been called by these several names. The red gum, commonly appears very shortly after the birth. Those bright red spots, that appear like a kind of rash on the face and neck, and sometimes on the extremities of children, are too well known to require any description. The same remark applies to the other forms of cutaneous eruptions we have mentioned. Though a child should be kept warm, and comfortably secured from cold and damp, especially in times of very sudden changes of weather; yet excessive warmth, long continued, especially if it be not washed with mild soap suds or milk and water, will induce disease. Warm bathing, and some of the warming medicine, may be necessary, especially when any of these complaints appear disposed to put on an aggravated form, and the eruptions become distinct, and are itchy and troublesome. The nerve ointment is a good application in such cases.

OF THE SNUFFLES.

We do not mention this as being a very dangerous complaint, but it is very troublesome. Anoint-

ing the nose and soles of the feet with nerve ointment, or sweet oil, or hog's lard, or bear's grease, and holding them warm before a fire, has a very good effect. A little may be rubbed behind the ears, and on the region of the spine, with advantage. A little fine bayberry, applied like snuff to the nose, will often loosen the obstructions, and afford relief. It will be good to feed with a little composition tea, provided it be made mild with milk and sugar. This is a precaution ever to be used with infants.

OF THE MORBID SNUFFLES.

This is a more aggravated form of disease than the complaint just mentioned. The nasal membranes are somewhat inflamed; the parts become tender, and sore; the edges of the eyelids frequently exhibit a livid, purple streak; respiration becomes laborious; the neck and throat partially full, and swollen, and manifestly sore. The complaint in this stage becomes a kind of quinsy, both troublesome and dangerous, unless speedily arrested. In addition to the means prescribed for the simple snuffles, an emetic and injections will be indispensable. A few drops of the tincture of lobelia, say six, eight, ten, twelve or more, as

circumstances may require, should be repeated until an operation be effected.

HICKUPS.

In infancy, this is a common occurrence. It commonly arises from some acidity of the juices of the stomach, that may be subdued with a little pearl ash or salæratuſ, diſſolved in a little water or cholic root tea, with a little milk to improve the taſte : rubbing the throat, ſtomach, and between the ſhoulders with No. 6 and ſweet oil ſhaken together, is good. A tea made of ſoot is good. Injections will ſometimes relieve when the complaint is troubleſome.

OF SORES OF THE NECK AND BEHIND THE EARS.

Excoriations, ulcerations, &c. of a ſlightly inflammatory character, are common on the neck and behind the ears of infants. A waſh of milk and water or of mild ſoap ſuds, or a tea of witch hazel, or red raspberry leaves, or any mild aſtringent, will be found uſeful. Some have recommended opodeldoc. If the ulcerations become troubleſome, a tea of the roots of wild indigo, [*ſophora tinctora*, is the technical name,] has un-

doubtedly proved very successful for an external application. It cannot be denied, that some things prove of infinite service in many complaints, as external applications, that we would not recommend to be taken inwardly. Logan's long course taken in small quantities, and faithfully continued, will often work wonders in cutaneous affections of almost every description. Woollen rags, or sponge burned and reduced to a fine powder, may be sprinkled over the sores; or hemlock bark made exceedingly fine, may be applied in the same way.

OF WIND COLIC, GRIPES AND ACIDITIES.

These complaints, attended with green stools, flatulency and colic pains, often arise from weak digestion and general debility. An emetic with injections should begin the cure. A tea of pennyroyal, peppermint, ginger or sweet flag [*calamus*] may be used. If the looseness be excessive, bayberry tea, with a little No. 6, may be given by the mouth, or by injection into the bowels. The pearlash, salærated, or weak white ley of hickory, sugar tree or white ash, or a tea made by boiling *soot* in water, which should be sweetened and taken, a few teaspoonsful at a time. These are

all valuable prescriptions, in all such forms of disease. The occasional use of neutralising physic will undoubtedly be serviceable. We have often found it so. The mother's milk being of a bad quality, may seriously affect the stomach and bowels of her child. Attention should be paid to her diet; all flatulent, indigestible food, unripe fruit, and trash, in which some simple, uninformed women foolishly indulge, should be carefully avoided. Regularity in exercise, meals, rest, and all general habits, will contribute much to the health of mother and child.

OF THE THRUSH, APTHÆ, OR CANKERY SORE MOUTH.

These cankerly complaints require a wash made of the medicine recommended by Dr. Thomson to remove canker. A sourness and sharpness of humor, if we may so speak, deposited on the stomach and bowels, may create these little white eruptions that form thin white scales; and no doubt that the same cankerly sores that appear on the corners of the mouth, on the tongue and whole inside of the mouth, frequently extend through the whole length of the bowels, occasioning an erysipelous redness about the anus. The stomach and

bowels should be evacuated; canker tea liberally given. "Among the vegetable productions of our country, perhaps none excels the wake-robin, or wild turnip, finely pulverised, and rubbed into a paste with a little honey, which should be placed in small quantities on the infant's tongue, and often repeated, so as to have it spread through the mouth. This is a remedy recommended by Dr. Thatcher, and others, and we have full faith in its particular efficacy. Kercuma is an excellent medicine to give in this complaint, in the form of tea; or by being made fine, a little of the dry powder may be usefully applied to the tongue. A tea of the gold thread, or of the wild indigo roots, are excellent.

OF VOMITING.

If it be occasioned by an abundance of milk, beyond the wants of the child, let the mother have her breasts drawn, so as to furnish her child with fresh milk, and be careful not to over-feed it, as many do, even when their own milk is more than sufficient. Vomiting the milk can scarcely be ranked among the diseases of children: it is to be regarded rather as a kind of effort of nature, to obviate the ill consequences that might arise from

maternal indiscretion. So far as the state of the stomach may require any correction, the kercuma is one of the best of medicines.

OF DENTITION, OR TEETHING.

Many children cut their teeth without any apparent difficulty; with others, we find it is a period of much trouble and difficulty. In some, we find the whole system thrown into disorder; the nerves become irritable; they evince signs of pain; drool copiously at the mouth; the gums are hot, itchy and swelled; diarrhœa, feverish heat, and sometimes convulsions supervene. In most instances, when the gums swell, and the skin is drawn tight over the top of the tooth that pushes against it, the mouth should be held open with the thumb and finger of the left hand, while with a sharp pen knife or gum lancet, you cut down directly across the top of the tooth, until you touch it with the instrument. Whatever form of disease be excited in the system, such difficulties should be treated as we have prescribed under the heads of such complaints respectively. A free state of the bowels is a favorable symptom, and those trivial loosenesses that do not disturb the system, give no occasion for alarm.

OF TONGUE-TIED CHILDREN.

When the *frenum*, or bridle of the tongue, is so short as to hinder the child from putting the tongue beyond the gums, and prevents its embracing the nipple, the membraneous string ought to be so cut as to enable it to suck freely. The cutting of the string is a simple and easy operation. Having a pair of sharp pointed scissors, lift up the tongue with the fingers of the left hand, and carefully snip the little web, and the work is completed. The operator should avoid cutting so deep as to touch the blood vessel. A little discretion will be sufficient security against any untoward accidents.

OF THE CROUP, OR RATTLES.

This complaint has many colonial or local names. In Scotland, it is called *croup*; in Ireland, the *choak* or *stuffing*; in England, the rising of the *lights*; In Pennsylvania and the southern States, *hives*, and *bold hives*; in the eastern States, it has received the name of *quinsy*. Sometimes it appears as an original complaint; at others, it follows as a symptom of some other complaint, as in inflammations, scarlet fevers, small pox, measles, putrid sore throat, influenza, and other catarrhal

affections. A feverish, dry skin, thirst, restlessness, and sickness at stomach, with drowsiness, a hurried respiration; the eyes inflamed, watery and heavy, are symptoms that denote the commencement of this complaint. As the disease advances, it is distinguished by a rattling noise, or kind of suffocation in breathing. It is a common and violent complaint, that does not require description. Cough and abundance of phlegm in the throat, violent fever, and general aggravation of all the symptoms, mark distinctly the advanced stages of this complaint.

In treating the croup, emetics are indispensable; the *lobelia* may most conveniently be given to children in form of tincture; the third preparation is commonly preferred, being more prompt and certain in its effects, than the powder or infusion. It may be continued in teaspoonful doses of the tea, after the stomach has been cleansed. Lobelia may be used safely, and with effect, in any form, provided the strength of the medicine is not injured in the preparation; for instance, if you boil your lobelia, it so impairs its emetic quality, that it requires a double or triple quantity to produce a full operation. Warm bathing, feeding with composition tea, putting warm bricks, stones

or blocks of boiled wood, about the child in its cradle, will be necessary. If the emetic does not operate kindly, injections as prescribed by Dr. Thomson, being well charged with his *third preparation* of lobelia, should be repeated until they take effect and operate on the stomach, which they can easily be made to do. Roasted onions may be mashed and applied to the bottoms of the feet and to the wrists. The garlic ointment may be rubbed about the bottoms of the feet, on the breast, about the throat, and along the spine, which greatly relieves spasmodic action, loosens the phlegm, &c. A tea of seneca snake root, has been used until it has excited vomiting. It is much recommended in the regular practice, but there is not the same dependence to be placed in it, or in any thing else we have ever tried, as in the lobelia. If this be administered in season, and repeated as often as urgent symptoms require, it will perform wonders. Assafœtida, rubbed into a thick, milky looking form, with water, may be given in teaspoonful doses, and repeated every two or three minutes, until vomiting is excited. It is expectorant and antispasmodic, and for this end may be continued at more distant intervals, and in smaller quantities, at discretion. In our former

practice, like others of the profession, we gave calomel and antimony, but we are fully persuaded, that notwithstanding some might have been relieved by these means, yet, where one has been benefitted, five have been injured : hence the extensive mortality produced by this disease. It is confidently said that the oil of the common river turtle, recently obtained, and taken in teaspoonful doses, affords great relief, particularly after the phlegm is well thrown off by an emetic. Nerve ointment, No. 2, may be used as we have directed for the garlic ointment.

CHOLERA INFANTUM.

The bowel complaint, common to children from ten to eighteen months old, attacks some younger and some that are older. It sometimes commences with vomiting, sometimes with frequent, green or yellow, and often slimy, bloody stools. Sometimes it comes on rapidly with violent vomiting and purging ; on others, it steals more insidiously into a lingering diarrhœa for many days before the disease is fully developed. Fever, thirst, quick pulse, unusual heat in the head, sensible unequal distribution of heat over the body, are symptoms that appear most aggravated at evening. As the

disease advances, the belly, face and limbs, are commonly swollen. It is sometimes rapid and sometimes lingering in its progress. In cases of long continuance there is great prostration of strength, a languid eye and deadly countenance. The child sleeps with half closed eyes, strangely insensible to the irritation of flies lighting and travelling on the naked eye. When awake, they toss their heads from side to side with extreme restlessness; and resting on their backs their eyes incline to look as though they were looking at some object beyond the crown of the head, a little elevated above the level of their bodies. Their flesh and strength declining, stools offensive, discolorations appearing on the skin, and canker in the mouth, hiccough and convulsive spasms, indicate approaching dissolution.

A child should not be weaned in July, August or September, if it can be well avoided; for in these months the disease is most common; hence it is called the summer complaint of children, and autumnal bowel affection. Such a change in the mode of subsistence, as for a child to exchange its mother's milk for animal and vegetable food, at a season in which it is peculiarly liable to be attacked with an epidemic disease, known to fall

severely on the stomach and bowels, and to be often a fatal malady, is certainly improper. If a sucking child be attacked with this complaint, it must not be weaned until the complaint be removed, if the mother or nurse be capable of supplying the wants of the child. If the child be weaned, milk, a little diluted with water, and boiled, having light bread toasted and soaked tender in it, may be used as an article of diet; a small piece of salæratus may be added to correct acidities that the milk may not become hard curds in the stomach of the little patient. When the stomach is irritable, all food, drink, or medicine, must be given in small quantities. A teaspoonful at a time, once in four or five minutes may be persisted in, all the time they are awake. The stomach and bowels should be cleansed with lobelia every two or three days until the complaint begins to yield. A free perspiration must be excited, and the stomach must be prepared for the emetics by a tea of bayberry and capsicum; which, molified with loaf-sugar and a little sweet cream, may be fed plentifully to the child. A liberal and frequent use of a strong tea of arssmart, with sugar and cream, taken by the mouth and used injectionwise, is one among the most invaluable of medicines. Sweet

oil and No. 6, mixed and shaken well together, will make an excellent liniment for to rub over the stomach, bowels, back and limbs of a child laboring with this life-exhausting malady. Bathing the bowels with flannel cloths wrung hot out of a tea of bitter herbs, will be useful. The clarified cholera syrup is admirably well calculated to reduce this complaint. It may be taken in a tea of bayberry, or of xanthoxylon, made palatable by the addition of a little milk and sugar. Dr. Thomson's No. 5 should never be omitted in complaints of the bowels accompanied with dysenteric symptoms. We cannot say any thing from experience in relation to the value of the *erigeron canadense*, or flea-bane, only as it is recommended by respectable authority, as a remedy of remarkable efficacy in this complaint. We are inclined to believe from the many marvellous instances in which bowel complaints have been immediately arrested by the application of Jewett's liniment, No. 1, outwardly, and the arssmart tea inwardly, that we are bound to recommend these remedies. But in bowel complaints of children acidities prevail. Let emetics, injections, and occasionally a small dose of neutralising physic, be given; and the use of the other means recom-

mended, may safely be referred to the discretion of an experienced practitioner of the Thomsonian school. It sometimes happens that the stools are frequent, copious, watery, and almost involuntarily and imperceptibly make their escape; in these cases every method must be devised to introduce the capsicum liberally, if by any means the other prescriptions we have given, should seem to fail in accomplishing the removal of a sometimes lingering, and always dangerous malady.

WHOOPIING COUGH.

This is sometimes called chin cough. The sonorous spasmodic inspirations of persons laboring under this affection are familiar to almost every one. In some children the cough is very dry, in others we meet with a copious evacuation of phlegm. The quantity of phlegm depends on the constitutional habits of the patient, mode of living, and various predisposing causes. We shall not stop to describe the violence of a paroxysm. The spasmodic convulsive action of the diaphragm, the whooping noise, the strained watery bloodshot eyes, the blood crowding to the head, or bursting from the mouth and nose; and morning and evening exacerbations are common events.

To cure the complaint effectually, nothing exceeds a full course of medicine, to be repeated once in three or four days, and tincture of lobelia every morning, to give the stomach one full motion, and avoid taking cold. Bathe the feet in hot water, and drink hot composition tea and capsicum every night. The cough powders and cough drops, will always be found useful, if faithfully administered. The nerve ointment may be rubbed on the breast; sweet oil and No. 6 are good to apply in the same way. A plaster of bergundia pitch, or of Dr. Thomson's strengthening plaster, or any adhesive plaster of a mild character, that will merely hold the muscles steady, and restrain spasmodic action, will contribute something towards a cure, if applied between the shoulders.

WORMS.

Infancy and age are both liable to worms; but children are more commonly known to have them in abundance than those who are advanced in life. There are various kinds of worms. The *ascarides*, or small white worm; the *teres*, or long round worm; and the *tænia*, or tape worm, are the most common. The small-pin worm is sometimes

found not only in the bowels, but in the urinary bladder, and other receptacles of the human body; the thread-worm is more seldom met with. It has been a question, "Do worms occasion disease, or does disease engender worms?" There must be some variety in the causes by which worms are produced, or there would not be such a variety of worms in being. An extraordinary quantity of worms of any kind, existing in the stomach and bowels of any person, is incompatible with a good state of health. We have noticed in fevers and other affections, that when the system has been much disturbed, large quantities of worms have been discharged. The last spread of epidemic dysentery in Ohio, our practice was extensive, and we perfectly recollect that scarcely a patient could be found that did not void worms. What general cause could have occasioned the existence of so many worms, in so many persons at the same time, is a question we shall not now attempt to solve. When children abound with worms, digestion becomes impaired, their bellies enlarged, they pick their noses, start in their sleep, look pale round the mouth, and their urine falling on a common floor, will soon assume a milky whiteness. The ascarides produce an itch-

ing about the *anus*, slimy stools, inconstant appetite : fever will rise from slight causes ; and sometimes tremors, coughs and convulsions, have seized the patient. Children to avoid worms, should be kept from abusing themselves with raw and unripe fruit, or any kind of diet half cooked. Some parents not only indulge their children, but give them an example of excesses of this kind, which common sense ought ever to reprobate. Persons who indulge their children in cronding their stomachs and bowels with green apples, raw turnips, ears of young corn nearly raw, and all manner of trash, the ignorant little creatures, with depraved appetites, may happen to crave, may expect them to abound with worms and divers forms of sickness. The stomach and bowels being cleansed, children should use the spice bitters and other tonics freely. The common wormseed, taken in heaped teaspoonful doses, is accounted good. The bark of the root of yellow poplar, in fine powder or strong tea, taken several times a day, is reputed excellent. Logan's long course, using the yellow poplar or the Thomsonian poplar or hemlock, in the middle of the day, will be of peculiar service. The bitter root should be mingled with some of the medicine

daily. If disease appears to put on any very serious form, in this, as in other cases, a full course of medicine will be indispensable. The male fern is highly recommended for tape-worm: we have much faith, but little experience of its efficacy. Children that are allowed a free use of sugar, are seldom troubled with worms; but this indulgence, by some parents, who have more of a doting fondness, than discreet affection for their children, is carried to such an extravagant excess, that constitutional injuries arise that can never be repaired.

TENIA CAPITIS, OR SCALD-HEAD.

A troublesome ulceration in the skin of the hairy scalp at the roots of the hair. The offensive discharges run into thick scaly scabs of a white or yellowish color; itchy and troublesome indeed. The sores should be laid open or exposed, by shaving the head; then washed in soap suds daily. Apply No. 6 and 3d preparation of lobelia; dress with the nerve ointment; shield the part from the external air.—Logan's long course must not be omitted inwardly. This course of medicine, with the external use of Jewett's cerate, without any other means, has recently effected a cure in a case

of long standing and inveterate scald-head that had defied all other means. There is in the Medical Repository, vol. 1st, hex 3d, an account of the treatment of tenia capitis, by a Mr. Morrison, which is represented as being remarkably successful in the most desperate cases. He directs the head first to be shaved closely as possible, immediately after which, he applies a common poultice [we should prefer Dr. Thomson's poultice, for which he has given us a recipe in his guide], to soften the incrustation. The head is then to be washed with soap suds, and the following paste, spread on strong linen, applied: "Take of yellow resin two ounces, best ale one pound, of the finest flour three ounces:—the ale and flour are to be first mixed, and then gradually added to the melted resin. This paste must be removed and re-applied daily, until a cure is effected."—[*Thatcher's practice.*]

Having attended to those forms of disease that most commonly invade the nursery from early infancy to riper years, we must request our botanic friends, male and female, to peruse our pages with candour and with patience. We have endeavored to be as concise and comprehensive in our remarks as possible. In a work containing so much

plain practical instruction, compressed into so small a space, we have not had an opportunity to study much elegance of style, or energy of diction. Our object is to be useful. If at any time we have' been so happy as to afford amusement, mingled with instruction, it will be to us a matter of inexpressible satisfaction. This work may fall into the hands of thousands who we shall never behold among the living, but it can never reach the hand of one to whom we do not devoutly wish it may be an interesting companion. The work has been extended beyond our original design. We may now commit it and our readers to that guardian providence that directs the destinies of the universe. Some, no doubt, will cordially approve, and perhaps highly appreciate our labors;—others may be lavish of ungenerous censure; but next to the approbation of a good conscience, we shall ever delight to share in the benedictions of candid, wise and honorable friends.

A P P E N D I X.

This Appendix contains some account of the medicine recommended in the body of the work, that are either not mentioned by Dr. Thomson, in the 'New Guide,' or if mentioned, the manner of preparing them is not there given; several articles are mentioned, and *recipes* given, that we have not previously mentioned.

ASCLEPIAS TUBEROSA.—*Pleurisy-root, Flax-root, Wind-root, White-root, Silk-weed, Swallow-wirt.*

Given in tea, promotes perspiration—is a well known remedy for pleurisy—expels wind; eases cholic pains: and given in powder, proves moderately laxative; and is a valuable medicine in those cases in which we have recommended it.

GERANIUM MACULATUM.—*Spotted Geranium, Crows-foot-Tormentil, Bequet root,—resembles Avens-root.*

A valuable astringent for looseness of the bowels: A tea of this root is an excellent wash for foul ulcers—injected into the vagina is useful in female weakness; called fluor albus, or whites, and for flooding;—combined with bitters relieves agues.

LIRIODENDRON TULIIFERA.—*Cypress tree, or Yellow poplar.*

The bark of the root, is the part used for medi-

cal purposes. It is best obtained in February. Finely pulverised, in teaspoonful doses, proves a useful tonic in ague and fever. A tea of the same is good in cholera infantum, or bowel complaint of children. The continued use expels worms from children. It is an excellent article to compound with common tonic bitters.

EUPATORIUM PURPURIMUM.—*Queen of the Meadow, Gravel root.*

Half a pound of the roots, bruised, and boiled in a gallon of water until reduced to two quarts, sweetened and taken about a teacupful every two or three hours, is a diuretic useful in the gravel, seminal gleets, female weaknesses, urinary and dropsical obstructions. It is also given in powder.

ACTÆA RACEMOSA—[**BOTRYPHIS SERPENTARIA.**]

Rich-weed, Squaw-root, Black cohosh, Snake-root, Rattle-weed, Rattle-root.

Mildly astringent and tonic, operates in the uterine, relieves female obstructions. It may be used in tincture, tea, or syrup—relieves coughs, and agues, and regulates female complaints. An infusion is made by pouring on a table-spoonful of the coarsely powdered root half a pint of boiling water—sweeten with loaf sugar, and dose a table-spoonful at a time to young children; to adults it may be given more liberally. A saturated tincture in proof spirits, may be given in doses of fifteen or twenty drops, and gradually increase four or five drops every day, and it will have a more certain effect. In rheumatic, catarrhal, and consumptive affections, a few drops of essence of

hemlock, may be added to each dose. It makes an excellent gargle for sore throat.

ALETIS FARINOSA.—*Star-wort, Star-root, Blazing Star, Unicorn.*

Dr. Thomson has bestowed great encomiums on this valuable root. It is a tonic and stomachic medicine ; an excellent carminative, or medicine that expels wind. Finely pulverised, it may be taken from half a teaspoonful to a teaspoonful or more, in a cup of umbil or skunk-cabbage tea—for cholic, pains in the breast, palpitations, &c.

POLYGONUM PERSICARIA.—*Arssmart, Smart weed.*

Grows plentifully in door yards, in streets, alleys, and neglected fields. This is one of the most common and valuable articles in use. It has been highly recommended in infusion and poultice, to allay inflammation: but it is chiefly in form of strong tea, made palatable with milk and sugar, and taken hot, that we now recommend it. In coughs, colds, urinary obstructions, gravel, &c. it is particularly useful. In vomiting and purging, particularly in dysentery, it should be given in doses of a teacupful, repeated once in an hour or two: It should also be given by injection. It eases pain, allays nausea, and relieves hemorrhage: It has been recommended for piles, in tea; for injections, for a wash, a poultice, and ointment.

CELASTRUS SCANDENS.—*Bitter-sweet, Fever-twig, Staff-vine.*

It has been called amara dulcis. It is a climb-

ing, woody vine, with blue purple blossoms turning against the sun; the berries are red; leaves long and pointed; the roots of an orange red color. A tea of the bark of which taken twice or three times in twenty-four hours, promotes respiration, and operates by stool and urine: It makes an important article in the nerve ointment.

TRILLIUM RHUMBOYDUM, or **TRILLIUM LATIFOLIUM**.—*Birth-root, Jews-harps, Indian-balm, Beth-root, &c.*

Is tonic, astringent, and antiseptic; checks hemorrhage, excessive menstruations, spitting of blood, consumptive cough, dysentery, &c. A teaspoonful of the powdered root, or a teacupful of a tea made of this root, may be given three or four times a day. It is excellent in cases of flooding, that sometimes attends abortions and child-births.

SECALE CORNUTUM.—*Ergot, Smut rye, Spured rye.*

This is so universally known, and so extensively used by midwives, that no description is necessary. We have not recommended it as a medicine—we have only mentioned a case in which it was given. It is a curious medicine in its operation—it has no sensible effect, in its usual doses, when taken by a male. It operates specifically, and certainly, on the female uterus. No woman has been known to flood dangerously where it has made an impression on her system. We regret that so many use it without knowing how certainly it acts. When there is much of it mingled

with rye, it makes the bread heavy and clammy, of course hard to digest. It is seldom that any medicine makes good bread. Since we have adopted the Thomsonian method of treating child-bed women, we have had no occasion to employ this or any other medicine of doubtful character. In all preternatural presentations, it would be madness to excite the violent uterine action that can be induced by it. As to the notion of its being absolutely a direct poison, the idea is rather questionable: but to use it, as it is used in many parts of Pennsylvania, Virginia and Ohio, on almost every occasion, we must say, is an erroneous practice, that is often attended by unfortunate results, particularly as relates to the child. So long as we do not find occasion to use it ourselves, we cannot be willing to be recommending it to others. A saturated tincture in spirits, taken in teaspoonful doses three times a day, is accounted an infallible remedy for deficient menstruation. But since we have other means of less exceptionable character, we find no necessity to have recourse to an article that is so pointedly rejected by a number of writers on the subject. Every Thomsonian has a right to be apprised of the facts alluded to. We go for facts, without dealing in conjecture.

SOPHORA TINCTORIA, or BAPTISIA TINCTORIA.—
Indigofera, Wild-Indigo, Indigo-Weed, Horse-sly-weed, Indigo-broom.

A decoction of the root, drawn like any other tea, may be taken in doses of a wine-glass full,

and repeated every two hours, and will prove laxative and cathartic—large doses will vomit. We have no occasion to use it for either of these purposes—It is only as an external remedy that we recommend it. We have witnessed its efficacy too frequently, as a wash, and in form of poultice, ointment, and fomentation, to be disputed out of the facts by any man. The tea of the root for sore nipples, and for a gargle for sore throat, is excellent. The whole plant bruised and boiled in water, to the consistence of a poultice, by the addition of a little wheat bran, is a superior application for soreness, inflammation and swelling of women's breasts. It may be boiled with vinegar and used as a discutient. As a wash and poultice it powerfully arrests mortification, and has succeeded where many other remedies have failed. It is an innocent and effectual application.

LOBELIA THOMSONIA.—*Lobelia Inflata*, *Emetic-weed*, *Puke-weed*, *Eye-bright*, *Emetic-herb*, *Indian-tobacco*, &c.

The best emetic ever known. 1st Preparation:—Powdered leaves and pods in teaspoonful doses in warm water sweetened.

2d Preparation:—A saturated tincture made in spirits—the green herb is preferred—From a teaspoonful to a table-spoonful, to be given in a small quantity of warm water, with a little No. 2.

3d Preparation:—The seeds reduced to fine powder, and mixed with Nos. 2 and 6.

4th Preparation:—This, by experience, we have found to excel, in as much as the alarming

symptoms, as they are proverbially called, never appear when this is judiciously administered.

Take Lobelia leaves in fine powder two heaped teaspoonsful, of seed one, of bitter root one, capicum one small teaspoonful, salætatus, or pearl-ash, what will lay on a five cent piece; rub these fine, and have them thoroughly mixed; divide into three parts, and give to an adult one of these powders every fifteen minutes in a cup of sassafras tea. Add sugar and cream as you would to a cup of coffee or tea. This preparation operates promptly and effectually. Canker tea, composition, and cayenne, are necessary to prepare the stomach for the emetic in whatever form it be administered. Corn meal gruel, or milk porage, should be used during the operation. Where other alkalies are wanting, white lye may be drank with advantage.

PIATRIS.—*Star grass, Copavia root, Back-ache-root, Cholic-root, Hysteric-root, Snake-root, Button-root, Button-snake-root, Star-wort.*—vide Thomsonian Recorder, p. 60, vol. 1.

In teaspoonful doses in hot water, it relieves spasmodic cholic and hysteric affections generally. It is a valuable medicine to combine with composition and nerve powder. It may often be substituted for the latter. It expels wind, eases pain in the stomach, composes the nerves, and is useful in all the cases in which it has been prescribed in the preceding part of this work.

DR. LOGAN'S LONG COURSE.

The following combination of Botanic medicine has been suggested by Dr. Logan, for *Dyspepsia*:

When the disease is mild or light, it may be removed by the use of the following combination of articles without a course. In case of dyspepsia he recommends the use of Kercunia, each day at noon, while using the medicine.

Directions.—Take composition powder at night; next morning take bitter root powder; second night No. 3 powder; second morning No. 4 powder; third night composition powder; third morning bitter root; fourth night No. 3; fourth morning No. 4; fifth night composition; fifth morning No. 4; 6th night No. 3; 6th morning give the stomach three brisk actions with No. 1 powder, that is, three teaspoonsful of No. 1 infused in three gills of tepid water, and take one gill as a dose, fifteen or twenty minutes intervening between each dose.

DIRECTIONS for taking the medicine, (except No. 1, as above.)

Pour a teacup of boiling water on each powder, (that is, a teaspoonful of the powders for a dose,) and when cool enough to take, add as much sugar as will make it agreeable.

The medicine to be taken at night, should be used at bed time. If necessary, use a hot stone or brick to the feet, after bathing them effectually in warm water.

In nervous, hysterical and colic cases, we give the medicine at night in a tea of nerve powder, or colic root, and add a little of one or both of these to each dose, and direct skunk-cabbage tea for constant drink. This course may be repeated as often as the case may require.

In dropsical cases, we have added a little of the bitter root to at least one half the powders.

Instead of the Kercuma alone, we commonly direct the Thomsonian spice bitters at noon, in which we allow the bitter root to be used so as to render them gently laxative.

In female weaknèsses, we make use of Dr. Thomson's prescription, called WOMAN'S FRIEND. For this we give the following recipe:

Unicorn root,	$\frac{1}{2}$ lb.
Ohio Kercuma,	$\frac{1}{2}$ lb.
Poplar bark,	$\frac{1}{2}$ lb.
White Ginger,	$\frac{1}{2}$ lb.
Gum Myrrh,	$\frac{1}{2}$ lb.
Cloves,	$\frac{1}{2}$ lb.
Bayberry,	$\frac{1}{2}$ lb.
No. 2,	2 oz.

Loaf sugar, 3 lbs. or as much as will make the whole agreeable. The articles should be made as fine as possible. They may be taken in large teaspoonful doses, with a little water, hot or cold, as best suits the taste and inclination of the patient. They may be taken with the long course, in the middle of the day; or morning, noon and night, after using the long course once or twice.

In Agues, we have successfully used the long course, after giving the emetic at the beginning; and to each dose add a little of the No. 2; increasing the quantity of No. 2 in the spice bitters, which we have directed in these cases, not only in the middle of the day, but in the middle of the forenoon and middle of the afternoon.

DOCTOR THOMSON'S COMPOUND CONSERVE OF
HOLLYHOCK, or *Bread-of-Life*.

Take one pound of the fresh blossoms of the hollyhock ; bruise them well in a mortar ; add four pounds of white sugar ; pound them well together until the whole becomes a paste. Then take of poplar bark, bayberry, golden seal, zanthoxlum, cloves, cinnamon and nerve powder, each two ounces, all very finely pulverised : One ounce of cayenne, half an ounce of bitter-root ; mix them well together, and knead the whole thoroughly with the pestle, in a mortar, until it becomes thick as dough. Then add one table-spoonful of the oil of pennyroyal—pound them well together. The mass may be kept in a loaf, or be rolled into lumps or pills, or rolled out and cut up into squares.

This composition is good to prevent taking cold, by using it freely when exposed to bad weather ; and for every form of disease occasioned by cold. It is good where warming medicines are useful. It is very convenient to use when administering a course of medicine, especially when the practitioner finds a patient unwilling to take other forms of warming medicine, to the extent he may think necessary.

N. B. When the hollyhock cannot be obtained the ingredients may all be mixed with a thick mucilage of slippery elm bark, made fine and sifted and prepared by pouring on boiling water.

COUGH LOZENGES.

Take of finely pulverised hoarhound, golden seal, unicorn root, beth root, pleurisy root, skunk

cabbage root, wake robin, bayberry, and nerve powder, each two ounces ; No. 2, half an ounce ; cloves and cinnamon, each one ounce ; powder of lobelia seeds, one fourth of an ounce ; loaf sugar, two pounds—mix the articles well together in a large mortar, and add sufficient of a thick mucilage of slippery elm bark finely powdered and prepared with boiling water. This must be added slowly to the mass until it comes to the consistence of stiff dough, and managed as directed in preparing the conserve of hollyhock.—To be used at discretion, a little at a time, as a pectoral and tonic.

A PECTORAL AND STOMACHIC COMPOSITION.

Take golden seal, bayberry, bitter star-root, (called blazing-star or unicorn root), beth root, wild potato root, (called man in the ground) red puccoon, (called puccoon root, red root, or Indian paint), elecampane root, nerve powder, copavi root, (called star-root, cholic root, and star-grass root) spignard root, (called also spignet and wild liquor-ice), of each of these one ounce finely pulverised, separately, and sifted through a fine sieve ; pure rosin and loaf sugar, each four ounces, finely pulverised ; mix all the ingredients well in a mortar. Add one pint and a half of strained honey, place it in a convenient vessel, and place the vessel in boiling water over a fire. Melt and bring it to a boil, gently stirring, and when removed from the fire, stir until it begins to cool. It may then be put up in small crocks, or in tin boxes, for use.

It is an excellent pectoral and tonic—relieves coughs, and is excellent in consumptive debilitated habits. In nervous affections and female weaknesses, hysterical and spasmodic complaints it answers a valuable purpose.

CLARIFIED CHOLERA SYRUP.

Take copavi root, (called also cholic root, or star-grass root) 1 lb., bayberry bark, umbil roots, and Ohio kercuma, of each 1 lb., coarsely pulverised—pour on one gallon of boiling water; steep for several hours on hot embers; pour it off; add half a gallon more of boiling water, and steep as before—then strain through a thick cloth, or first let it settle clear, and pour it off—add one gallon of sugar-house molasses:—to the whole add one gallon West India rum, in which two ounces African cayenne, and one ounce of cloves, have been tinctured for ten days—Then add one gallon No. 6. When cool, beat up the whites of two or three eggs, and mix well with half a pint of the syrup—then mix the whole together; put it over a coal fire; as it comes to a scald, carefully scum off the filth that rises on the top, and bottle the remainder for use.

This makes a very pure and valuable cholera syrup, and the spirit being hot over the fire becomes somewhat reduced, and it is an excellent preparation for the summer complaint of the bowels of children, called Cholera Infantum.

Adults may take a table spoonful at a time, and repeat at discretion, as in the use of the common cholera syrup. It admirably relieves cholic pains.

Children may take one, two or three teaspoonsful, according to their age, and according to the violence of the disease.

WORM SYRUP.

Take of the bark of the root of yellow poplar one pound, spice-bush tops half a pound, unicorn root and cholic root coarsely pulverised, and skunk cabbage root cut up fine, each half a pound, common ginger four ounces, African cayenne half an ounce—boil these in two gallons of soft water, down to half a gallon ; add, after straining through a thick linen cloth, an equal quantity of sugar-house molasses ; scald and scum, and reduce the whole to the consistence of syrup, or common molasses—add one pint of West India rum, and keep in a cool place. Children from three to five years of age, may take two or three table-spoonsful of this, night and morning, for a week—then miss a few days, and repeat. It is usually advisable to evacuate the stomach and bowels by an emetic and injections at the commencement, and in many cases to repeat the process occasionally. In this way the digestive powers will be supported. Daily doses of Ohio kercuma are excellent for weak digestion and bowel affections in children, which are often improperly imputed to worms. Remove the cause, and the effect will cease. The directions contained in the “New Guide,” should never be dispensed with in urgent cases, where the means can be obtained. We know this prescription to be valuable, as a tonic, and as a vermifuge or worm medicine. But

it is only recommended as affording auxiliary aid, in strict conformity to Dr. Thomson's general design, in his mode of treating patients who have a redundancy or supernumerary quantity of worms, or such cases as are frequently very erroneously supposed to be of that description. From the abundance of cold phlegm, and the crudities of a bad digestion, with which children and grown persons are often afflicted, the peculiar nature of these forms of disease is often very imperfectly understood, even by those who profess to have acquired some good degree of scientific knowledge. In this state of the stomach and bowels, a nucleus is formed that constitutes a natural residence for worms. Notwithstanding, they are frequently more troublesome than dangerous. There are some terrible instances on record of their ravages, in penetrating the bowels and getting into the cavity of the belly; and by the irritation they excited, caused convulsive fits of the epileptic kind, and even destroyed life.

The extract, or syrup, of the butternut bark, is accounted a useful purgative, after using other medicine for worms. It is itself a vermifuge or worm medicine.

COUGH DROPS.

Take of hoarhound a handful, coarse bayberry four ounces, Ohio kercuma (called golden seal) two ounces, coarsely pulverised pond-lilly roots two ounces, skunk-cabbage roots, in coarse powder, three ounces, nerve powder four ounces, wake robin, or Indian turnip three ounces, half

an ounce of No. 2—boil the ingredients in a gallon of rain water, or soft spring water, down to half a gallon; strain it through a thick cloth, and reduce it by boiling down to one quart; then add one pint of good sugar-house molasses; then add two ounces of a saturated tincture of No. 1, and one ounce of the third preparation, and bottle it for use. Dose, from half a teaspoonful to a teaspoonful, every two or three hours, if the cough be violent. In slighter cases, three or four times a day. In frequent fits of coughing, a lesser quantity may be taken more frequently, as the stomach will bear it. At night it may be taken in COMPOSITION *tea*, to which may be added skunk cabbage, and nerve powder.—Cover up warm, and put a warm stone to the feet.

SYRUP OF PEACH BLOSSOMS.

[*Syrupus e floribus malorum Persicarum.*]

Take peach blossoms one pound, warm water three pints—soak for a day—press out, and repeat the infusion with fresh flowers, four times more—strain, and to three pints of the liquor, add two pounds and a half of common sugar, and boil to a syrup. It is mildly purgative—used principally for infants—give one, two, or three teaspoonsful at a time—repeat occasionally, at discretion, once in two or three hours. In small doses, night and morning, it is a useful alterative, increasing appetite, by promoting digestion, and is recommended in large doses, as a remedy for worms.

HILL'S BALSAMS OF HONEY.

This has been much recommended for coughs, and consumptive weaknesses.

The *toluifera balsamum*, is a tree growing in Spanish America; and the balsam flows from incisions made in its bark during the hot season. It has a warm, balsamic taste, and agreeable flavor. Some have highly extolled its medical virtues; others who perhaps have had less confidence in botanic medicine, would willingly expunge it from the *materia medica*. Hill's balsam of tolu, is made by tincturing 1 lb. of balsam tolu a week or ten days in one gallon of pure alcohol; and afterwards, adding one pint of pure, limpid, strained honey. It is used as a pectoral in colds, coughs, &c., in doses of a teaspoonful, repeated several times in a day. One ounce of this balsam added to a quart of cough drops, and well agitated together, having the cough drops made a little warm, to facilitate the mixture, would greatly improve the taste, and no doubt add something to the virtue of the medicine.

TONIC POWDERS.

Take of the bark of the roots of prickly ash, bark of the roots of dogwood, bark of the roots of yellow poplar, each equal parts, finely pulverised and sifted. Of this a teaspoonful may be taken every two or three hours in a cup of composition tea, in intermitting fevers, during the intermission. Emetics and injections, and even a full course of medicine, are proper, and in most cases indispensable, before the use of the tonic medicines as here prescribed. This composition is chiefly intended for those lingering cases that do not yield immediately to a few courses of medi-

cine, and the patient manifests an aversion to that perseverance in repeated courses sometimes almost indispensable for a radical cure.

RASPBERRY CORDIAL.

Take of raspberry and witch hazel leaves, of each one ounce, boil in two quarts of water down to one quart; add two ounces of peach meats made very fine, half an ounce of gum myrrh pounded fine; four ounces of loaf sugar rubbed fine, with eight or ten drops of oil of cinnamon; add three half gills of cogniac brandy; put in a glass bottle; shake it well when you take it: dose, a small wine glass full three times a day. This is a valuable cordial for habitual diarrhœa, and a weak and laxitive condition of the bowels.

LAXATIVE CORDIALS.

Take poplar bark coarsely powdered, thorough-wort leaves each one ounce, bitter root and unicorn half an ounce; boil in two quarts or more of water, down to three pints; strain, and add raisins, stoned, four ounces; capsicum a heaped teaspoonful; boil down to one quart; strain off, and add four ounces of loaf sugar and three half gills of West India Rum: dose, a wine glass full night and morning. This is a tonic laxative, and while it regulates the bowels by removing costiveness, it promotes digestion, and gives a good appetite for food. Persons afflicted with sourness on the stomach, can add, with a good effect, a small portion of salæratuſ to each dose.

HULL'S CHOLIC PILLS.

Take of cinnamon, cloves, mace, myrrh, saf-

fron, ginger, castile soap and saccotrine aloes, of each equal parts, essence of peppermint sufficient to form them into a mass; make into pills of the usual size, and take three or four once in eight or ten hours, until they operate: one or two night and morning for a few days, will complete the cure. These pills have been so famed in divers sections of the United States, and have produced such happy results in divers instances, we have felt it a duty to furnish the *recipe*. If capsicum was added instead of the saffron, we are confident it would make a better medicine. If people will not dispense with purgative medicine, this is as safe and mild as any they can use.

POULTICE FOR ULCERS.

Boil fresh carrots until they are soft, and can be beaten up into a smooth pulp. In foul, cancerous, illconditioned ulcers, this is an excellent poultice to cleanse, sweeten and assuage the anguish.

REMEDY FOR GRAVEL.

The following prescription comes so well recommended by those who have experienced its efficacy, that we have thought we might possibly serve the cause of humanity by giving the *recipe*.

Take half a pint of live bees from the hive, bruise and press them in a cloth, with a little cold water; add fresh water several times, repeating the operation until a pint of water be strained off. Of this water, take two or three table-spoonsful every half hour, until the whole be taken. Apply a large poultice of wormwood, rue and tansy, so

as to cover the region of the loins, and across the bottom of the belly ; cover warm in bed, and drink warm tea. Three or four of Hull's pills should be taken night and morning.

A friend who has been very successful in that distressing calamity, has a pill on which much reliance is placed. As we go exclusively for facts, regardless of any man's opinion, we will give the recipe as we received it. Take aloes four ounces, gum myrrh two ounces, gamboge one ounce, capsicum two table-spoonful, gum arabic one ounce, one heaped teaspoonful of lobelia seeds ; these articles should all be reduced to a very fine powder, and made into a mass, with a little lobelia tea, which should be added to the gum arabic, to form a mucilage ; then, the other articles, well mixed, can be united with it, and the whole made into pills of the usual size. Three of these are directed to be taken at night, and one in the morning. These pills are sought after with great avidity. They operate mildly and certainly. They are exclusively a vegetable pill. We are aware that the gamboge will be hooted at by some as being poison, and what a wonder that our young misses that are daily taking it off their pencils into their mouths, so often find it producing a laxative effect, but never found it to be a poison. It is accounted a strong purgative, but we have never known it to be given alone. Combined as in the above *recipe*, it is mild in its operation, does not gripe so much as senna, or white walnut pills, or syrup. But for ourselves we seldom prescribe any purgatives whatever ; yet in case of that distressing charac-

ter, having known an instance of a patient afflicted with gravel eight years, who was relieved in one night, we give it as we received it; and those who prefer death to a trial of these means, we resign to the current of their own disposition.

NERVE LINIMENT—[or *Nerve Ointment*, No. 2.]

We so name the unction here referred to, because of its resemblance to Dr. Thomson's nerve ointment, and that those who use this may easily distinguish. Take burdock seeds, worm-wood, rue, camomile and bittersweet, of each four ounces; put them in a convenient vessel, cover them with the oil of the common turtle, found in all our western waters—Let them stew and simmer slowly on hot embers, for at least twelve hours; then strain, settle, and bottle for use. This liniment admirably relieves pains, strains, bruises, swellings, inflammations, sore throat, shrunk sinews, hemorrhoidal pain and soreness, and excels the common nerve ointment. We boldly and fearlessly recommend it as a superior article, secure of a favorable testimony, from every honest person acquainted with its value. We are indebted to a popular doctress for this *recipe*.

DOCTOR MACKAY'S *Remedy for Piles and Hemorrhoidal Tumors.*

Take of wake-robin and the bark of spignard root, in powder, each one large teaspoonful—boil in a teacupful of water—add slippery elm sufficient to make it a complete mucilage. Add new milk equal to one-third of the whole. This is to be given by injection, to lay in the bowels over

night, and to be repeated every night, and as often as it may come away.

The sores or tumors are then to be washed with mild, warm, soap suds, and an ointment applied, made of hog's lard, tar, and a very strong red oak ooze, or tea, made by boiling the bark in water until it becomes thick as thin syrup. Equal parts of these are to be carefully simmered together, until the water be evaporated and the ingredients united into an unction. This should be applied several times a day, as the urgency of the case may require.

GARLIC OINTMENT.

This is made by beating the garlic roots fine in a mortar—then add an equal bulk of hog's lard, and beat them till they be thoroughly blended.—This is to be rubbed on the soles of the feet—up and down the spine, and worn on the feet and wrists in form of a plaster. It is useful in snuffles, coughs, and spasmodic affections of children.

HONEY.

Honey should not be used for children without previous boiling. New, unboiled honey, will often create cholic pains in adult persons; and no doubt, that many infants suffer intolerably, many times, for want of precaution. Strained honey can hardly be esteemed cleanly enough to eat until scalded and skimmed.

TANSY SYRUP.

Take one gallon of hard cider or pure vinegar,

put it in a clean iron pot—add one handful of sweet tansy, one of common tansy, one of pennyroyal, and a gill of ground madder—mix, and let them stand together over night. Next morning, boil down carefully to one quart—then carefully strain off through a thick cloth—add of rum and molasses each one pint, and boil away slowly until reduced to one quart. When the ingredients are all mixed for the last boiling, they can be clarified by the white of an egg, beat with a little water, stirred in, and as it is about to boil scum off all the filth that rises, and you will have it very pure. Dose, a teaspoonful twice a day, for difficult and irregular menstruation, fluor albus, and female weaknesses generally.

SPICE BITTERS.

Take of kercuma, poplar bark, bayberry, (bark of the root), of each one pound; of unicorn root and bitter root, capsicum and cloves, of each four ounces; of best cinnamon and white ginger, of each one ounce. These ingredients should be reduced to a fine powder, sifted and thoroughly mixed. Loaf sugar should be added equal in weight to the whole amount of these ingredients. One ounce of finely pulverised bark of the root of sassafras, improves the flavor and virtue of the medicine. Sifting the whole mixture several times, is the most effectual method of effecting a perfect mixture. Various recipes have been given for preparing these aromatic stomachic bitters. Those who prepare them for private use, can vary the ingredients to please the taste; but when

to be administered in cases in which we have prescribed their use, we wish this formula to be strictly adhered to.

DR. THOMSON'S PERFECT No. 3.—*See New Guide.*

We do not mention this article as being a novelty to our Thomsonian friends, but to remind them to be careful to be furnished with the materials, and to keep a perfect No. 3 prepared, and not to be depending on substitutes, to the injury of the reputation of Thomsonian remedies. It is an abuse of yourself, and of Dr. Thomson, if by indolence or inattention this should be neglected. We wish every honest Thomsonian to be fully impressed with the importance of this advice.

NEUTRALIZING CORDIAL.

Take green peppermint two pounds, infused in one gallon of boiling water; rhubarb one half lb., infused in one gallon of water—in an hour mix, add salæratuſ four ounces, loaf sugar seven lbs.; boil and scum. When cool add brandy one half pint; essence of cinnamon a few drops, to improve the taste, may be added. A teaspoonful will make a dose for a young infant, to be repeated every hour or two. It is useful in case of acidiſies on the stomach, and diarrhœas of the bowels of children.

NEUTRALIZING MIXTURE.

Take of peppermint, arſsmart, rhubarb and salæratuſ, (*or pearlash will do*) of each two drachms; pour on half a pint of boiling water; add one gill of brandy; loaf sugar two ounces; essence of cinnamon three or four drops: dose, a teaspoonful

every hour or two, for an infant of a year old. To older children the dose may be increased at discretion. It corrects, like the neutralizing cordial, acidities in the first passages; allays nausea at the stomach; often repeated, will prove laxative, without debilitating; and is undoubtedly a very valuable article in the treatment of the bowel complaint of children. Similar preparations can be found in Dr. Beech's American Practice; and the efficacy of neutralizing preparations has been tested by many botanic practitioners.

DR. HULL'S GENUINE BILIOUS PHYSIC.

Take eight ounces of aloes, one ounce each of mace, myrrh, cinnamon, cloves, saffron, and ginger; four ounces of the dried leaves of the garden sunflower, or of the wild sunflower—pulverise the articles separately, and mix them thoroughly.—Dose, a teaspoonful. The efficacy of this celebrated physic in the cure of bilious cholic, is well known. This is the first genuine recipe of it ever published. Several spurious ones have been circulated; but in them the two active articles, saffron and sunflower, were omitted.—[ELISHA SMITH'S RECIPES.]—The efficacy of Hull's physic, in either of the forms we have given, will never be doubted by those who put the prescriptions to the test.

BAYBERRY AND No. 6.

An infusion of the powder of the bark of the root of bayberry, made strong in boiling water, and to every table-spoonful of the strained liquor add one or two teaspoonsful of No. 6, and sweet-

en the whole well with loaf sugar, is an excellent remedy for the bowel complaint in children. It makes a valuable restorative after a course of medicine.

EYE WATER.

Take green Ozier, the bark, scraped fine, one handful; add half a pint of soft water, about milk warm; let them stand and steep about the same warmth, for two hours or more; add a piece of pure pearlash, as large as a large sugar pea; a table-spoonful of refined sugar, and a stem-glass of French brandy; filter through paper, and bottle for use.

This preparation, or even a simple infusion of the green bark in water, has been found useful in inflammations of the eyes, and for sore eyes of almost every description.

N. B. The green Ozier, sometimes called pigeon berry, is a shrub, that grows from six to eight feet in height, by hedges and by water courses. It has oval shaped leaves, white blossoms, succeeded by small blue berries. The bark is of a dark green color, interspersed with white specks. It is the kinnakanic of the Indians. The dried bark smoked, has the character of being useful for the relief of spasmodic asthma. The Aborigines smoke it as a substitute for tobacco. The dried bark pulverised and made into tea, has acquired some reputation in bowel complaints of children. A tea of the green bark, drank warm, proves an emetic. Perhaps, like the thoroughwort tea, if drank cold, it might not offend the

stomach. Of this, however, we know nothing by experience. For sore and inflamed eyes, the infusion, or the eye water, as prescribed above may be applied by a finger, or by a soft linen rag. It should be frequently repeated, according to the emergency of the case.

TOOTH POWDER.

Take two parts of finely pulverised bayberry, and one of kercuma or golden seal, mix and use for a tooth powder; let the powder that gets in between the teeth, remain until morning, if done at night—brush the teeth with a soft brush and clean water, in the morning. This will preserve the gums and teeth, and cure the scurvy, and most diseases the teeth are subject to.

FOR THIRTY GALLONS OF WINE BITTERS.

16	oz.	Columbo Root,
16	"	Poplar,
16	"	Barberry,
8	"	Unicorn,
6	"	Golden Seal,
12	"	Bitter Root,
16	"	Bayberry,
8	"	Nerve Powder,
16	"	Prickley Ash, or Zanthoxlum,
4	"	Cayenne,
12	"	Cinnamon,
12	"	Cloves,
12	"	Ginger,
16	lbs.	Sugar.

Pour five gallons of boiling water on these articles; let it boil ten minutes close covered, then set it by to cool; when cool, put it in the wine, stir it well for two or three minutes at a time,

four times a day for three days, when it will be fit for use.

THE VOLATILE STIMULATING LINIMENT.

Take of water of amonia (*called spirits of harts-horn*) and olive oil, each two ounces; oil of summer savory, hemlock and peppermint, of each one ounce; alcohol, one ounce—Let these articles be well mixed, and closely stopped. For chronic rheumatism, coldness of extremities, and erratic pains, it is a most efficient remedy. It is one of the best substitutes for Jewett's stimulating liniments, that we have known to be prescribed.

AN AGUE—HOW TO TREAT.

At the approach of the cold stage, immerse the feet in hot water; drink a quart of tea made from a table-spoonful of composition; to this should be added a dose or two of capsicum. Rub the feet and legs with the volatile stimulating liniment; get into bed; place warm bricks or stones, or bottles of hot water, to the feet; give the emetic No. 4; use stimulating injections. Next day, use spice bitters, and continue them daily, a large teaspoonful three times a day. Repeat bathing the feet and drinking composition tea at night, until you find you are rid of your complaint. Logan's long course, commenced next morning after the emetic, is a very sure remedy. Jewett's stimulating liniment will arrest the cold stage; his plain cerate will arrest the hot stage of all ordinary agues, if well applied to the body and limbs. But, if after all, a chill should follow every third day; and like the Canaanites who rode in chariots of iron, appears determined to keep possession, the following is an *exterminator*.

Take cinconia, (*Jesuits' bark*) of cream of tar-tar, and cloves, all finely pulverised, each one ounce ; composition, a small table-spoonful ; add one quart of madeira wine, and two ounces of loaf sugar. Of this vegetable mixture well shaken, an adult should take a wine-glass three times a day, and he will find it an *exterminator of ague*.

Having several times referred to Jewett's Liniments, we would just observe, that we have felt some reluctance in so doing, without giving the recipes for their preparation. Under such circumstances, nothing but the deepest and most unequivocal conviction of their extraordinary utility, could have induced a commendation. We have a strong aversion to presenting our friends with any remedial means without a most explicit explanation and full developement of facts. Under these impressions we have given our stimulating liniment, and our nerve ointment, No. 2, as the best substitutes for the preparations referred to ; so that no one need to be at a loss how to proceed when the external applications are recommended. We are willing, cordially willing, our Thomsonian brethren and sisters should every where be acquainted with every fact, of which they can avail themselves, in the hour of sickness and distress. We are at heart Thomsonian, in relation to an open, full, and free exposition of our practice ; but circumstances which we cannot at present control, prohibit an exposition in detail ; we have therefore been very sparing in our remarks, even where we could have spoken with the fullest confidence.

GLOSSARY,

*Or Explanation of the Principal Terms used
in the preceding Work.*



- Abdomen, the belly.
 Abortion, the premature expulsion of the fœtus from the womb.
 Abscess, a tumor filled with matter.
 Accoucheur, a person who assists women in child birth.
 Agglutinous, adhesive. [in the womb.
 Amnion, the soft external membrane which surrounds the fœtus
 Astringent, binding, contracting.
 Anasarca, a dropsical swelling or affection.
 Animalculæ, minute insects invisible to the naked eye.
 Anus, the fundament.
 Acrimony, sharpness, corrosiveness.
 Aphtha, the thrush or sore month
 Areola, a small brown circle which surrounds the nipple.
 Cicatrix, a scar or mark left after healing a wound.
 Coition, venereal intercourse between the sexes, copulation.
 Constipation, costiveness
 Colon, the large intestine.
 Cellular, composed of cells.
 Cranium, the skull.
 Chorion, the external membrane that surrounds the amnion.
 Caliber, capacity.
 Cartilaginous, gristly.
 Colostrum, the first milk in breasts after the birth of a child.
 Cervex Uteri, the neck of the womb.
 Catamenia, the menses.
 Capillaries, minute vessels.
 Chlorosis, the green sickness.
 Callosity, hardness.
 Dentition, teething. [viscera.
 Dropsy, a collection of serous fluid in the cellular membrane in the
 Dyspepsia, a difficulty of digestion.
 Erratic, wandering, irregular.
 Erysipelas, the rose, or St. Anthony's fire. [cus from the lungs
 Expectorant, those medicines which increase the discharge of mu-
 Fallopian Tubes, the uterine tubes, the small fleshy canals which
 arise at each side of the fundus uteri, pass transversely, and
 end at the ovarium.
 Fœtus, the child enclosed in the womb of its mother is so called
 from the time of its formation until its birth.
 Fecundating, reproducing, making fruitful or prolific.
 Fimbriated, fringed
 Febrile, feverish. Flatulent, windy.
 Funnis Umbilicalis, the navel cord
 Fontanel, an interspace between the bones of the cranium of infants.
 Flacid, weak, limber, not stiff.
 Fluor Albus, whites, or leucorrhœa.
 Gestation, pregnancy from the time of conception until delivery.
 Gravid, pregnant.

- Hemorrhage, an unnatural flow of blood.
 Hydated, unamalgamized substance formed like a bladder, and distended with an aqueous fluid.
 Ichorous, a thin, aqueous and acrid discharge.
 Interlabial, between the labia or lips.
 Jurisprudence, the science of law.
 Lubricate, to make smooth or slippery
 Laxative, gently purgative.
 Labia, lip.
 Lateral, on the side.
 Lochia, the uterine cleansing of females after parturition.
 Mucilage, a solution, any gummy slimy substance
 Morbid, diseased.
 Malformation, a defect in formation.
 Meconium, the green excrementitious substance found in the large intestine of the fœtus, and thrown off shortly after birth.
 Materia Medica, a general class of substances which are used as medicines in the cure of diseases.
 Menses, the monthly discharges peculiar to women.
 Nucleus, any thing about which matter is collected.
 Prolific, fruitful.
 Parturition, child birth, the act of bringing forth, or of being delivered of a child.
 Peristaltic motion, the motion of the intestines by which they contract upon and propel their contents.
 Palpitation, a fluttering or convulsive motion.
 Placenta, the after-birth.
 Puerperal, appertaining to child bearing.
 Posterior, behind. [in matter.
 Pestules, small eruptive elevations in the skin containing pus or
 Phlegm, a thick and tenacious mucus secreted in the lungs.
 Prolapsus Uteri, falling down of the womb.
 Pubes, the share-bone. [women.
 Phlemasia Dolens, the big leg, which sometimes happens to lying-in
 Rectum, the last portion of the large intestine terminating in the [anus.
 Semen, the seed.
 Superfœtation, the impregnation of a woman already pregnant.
 Secundines, the after-birth and its appendages.
 Saponaceous, soapy.
 Sterility, barrenness
 Tenia Capitis, scald-head.
 Titillation, tickling.
 Tremor, an involuntary trembling.
 Tumify, to swell.
 Undulating, waving.
 Urethra, the membranous canal by which the urine is conducted from the bladder and discharged.
 Ulceration, the process of forming into an ulcer.
 Utero-gestation, pregnancy.
 Uterine, appertaining to the uterus.
 Uterus, the womb.
 Vagina, the canal which leads to the womb.
 Vascular, composed of vessels.
 Vesicle, an elevation of the cuticle, containing a transparent watery fluid.

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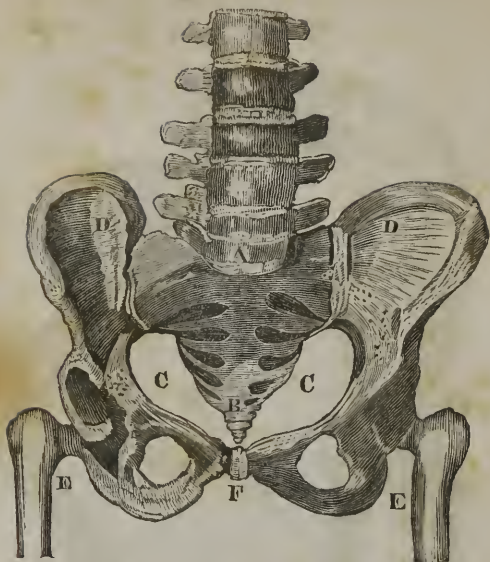
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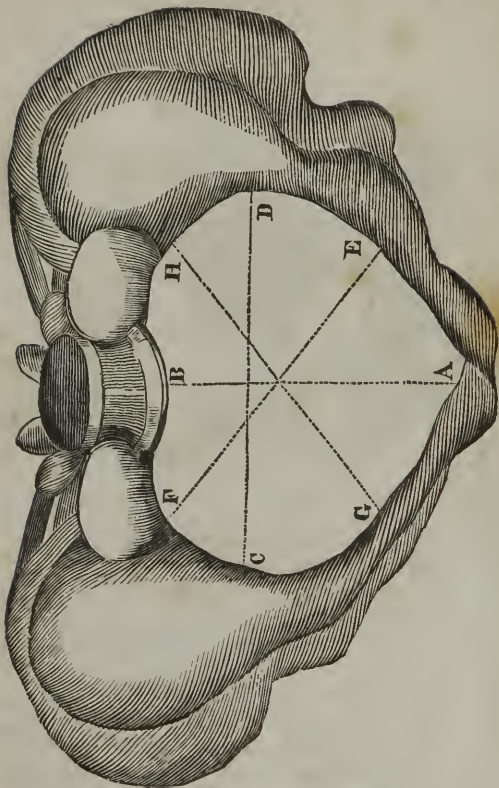
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EXPLANATION.

- A. The last vertebræ, or bone of the loins.
- B. The os coccygis, or extreme point of the back bone.
- C. Cavity of the pelvis, partially obscured by the coccygis.
- D. Two bones which form the sides of the pelvis, projecting upwards toward the ribs. They are called *ossa innominati*.
- E. Upper parts of the thigh bones, with their round heads.
- F. The symphises pubes, or junction of the front or shear bone.

PLATE II.



EXPLANATION.

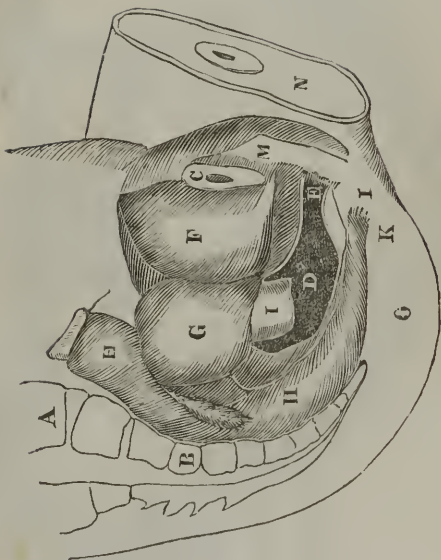
The object of this engraving is to exhibit the superior opening of the Pelvis.

A. B. Shortest diameter of the pelvis.

C. D. Longest diameter from hip to hip.

E. F. G. H. Diagonal diameters.

PLATE III.

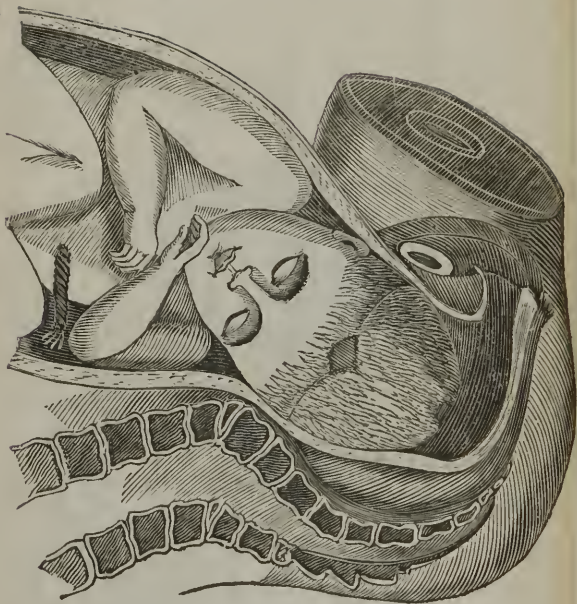


EXPLANATION.

This plate presents a view of the natural position of the Bladder, Womb, and parts adjacent.

- A. The lowest vertebræ of the loins.
- B. The rump bone, called the os sacrum.
- C. The os pubes, front or shear bones.
- D. The birth place, or canal leading to the womb, called *vagina*.
- E. The external orifice of the vagina.
- F. The urinary bladder.
- G. The uterus [womb] in an unimpregnated state.
- H. H. The large or straight intestine, situate behind and under the uterus.
- I. The perenium or space between the external orifice of the vagina and anus.
- K. The anus.
- L. The neck and mouth of the *uterus* or womb.
- M. The urethra, or urinary canal.
- N. The stump of the left thigh.
- O. The buttock.

PLATE IV.



EXPLANATION.

See paragraphs 156 to 160 inclusive, also 211.

This plate is designed to represent the child's head as passing the upper strait of the pelvis. By a slight malformation or jutting inwards of the back bone, the passage is somewhat contracted—but the consequent compression will not usually present any insuperable difficulty. Such temporary obstacles are removed in due season by the natural pains of parturition.

PLATE V.



EXPLANATION.

Represents the condition of the womb in the latter months of pregnancy—distended by its waters—the fœtus entangled in the naval cord, and the head presenting at the upper orifice of the pelvis.

A. A. The superior part of the *ossa ilium*.

B. B. The acetabula.

C. The remaining posterior parts of the *ossa ischium*.

D. The coccyx.

E. The inferior part of the rectum.

F. F. The vagina or birth-place stretched on each side.

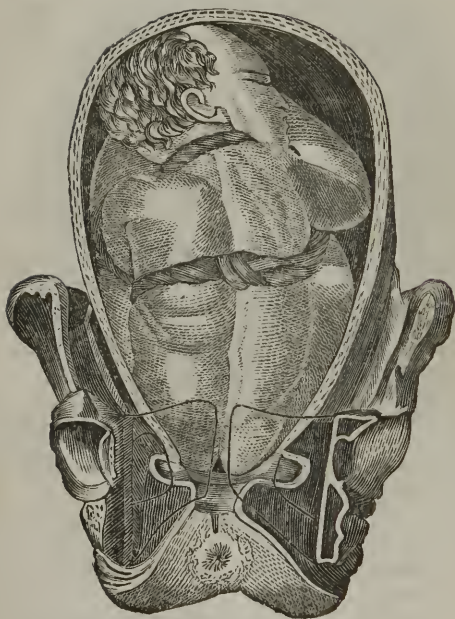
G. The os uteri, or mouth of the womb. The plate exhibits the neck of the womb in full distention, so as to be as to its usual, natural shape, entirely obliterated.

II. Part of the urinary bladder.

I. The after-birth at the upper and hinder part of the womb.

K. K. The membranes containing the amnion waters and secundines.

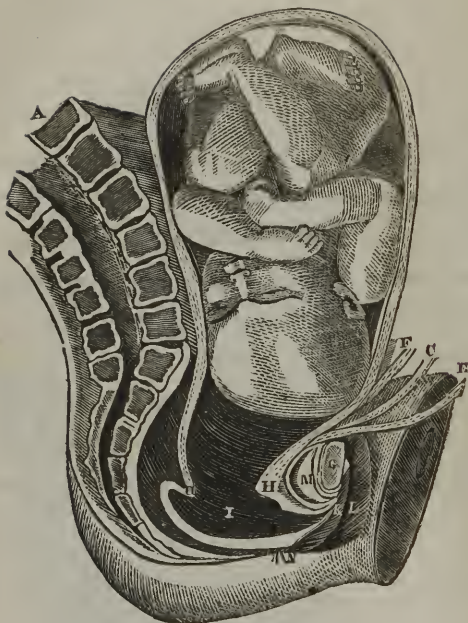
PLATE VI.



EXPLANATION.

This is an imitation of one of Smellie's plates. The design is to represent, in a front view of the pelvis, the breech of the child presenting, dilating the passage. The membranes being prematurely ruptured, the waters have escaped. The foreparts of the child, present to the hinder part of the womb. The naval string with a knot upon it, is wrapped round the neck, arm and body. See paragraphs 226, 227, 228, 229, and onward.

PLATE VII.



EXPLANATION.

A partial side view of the gravid uterus and parts contiguous, exhibiting the usual appearances of progressing labor, when somewhat advanced.

F. C. E. These lines, if carried up round the fœtus would convey some idea of the thickness and distention of the womb in the latter part of pregnancy, but this omission cannot now be conveniently remedied, neither is the omission of any material consequence.

A. The lowest vertebræ of the back.

N. The anus.

I. The vagina, or birth-place.

H. H. The os internum.

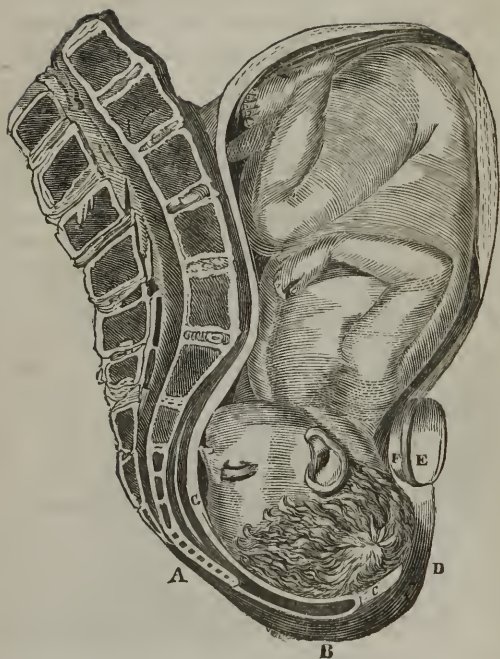
G. The os pubis, or shear bone of the left side.

K. The left nympha.

L. The labium pudendi, or external lips of the female organs of generation of the same side.

M. A partial exhibition of a portion of the bladder.

PLATE VIII.



EXPLANATION.

Represents the womb closely contracted to the child, after the waters have passed off, and the head of the child accommodating itself to the passage.

A. The anus.

B. The left hip.

C. The perinæum.

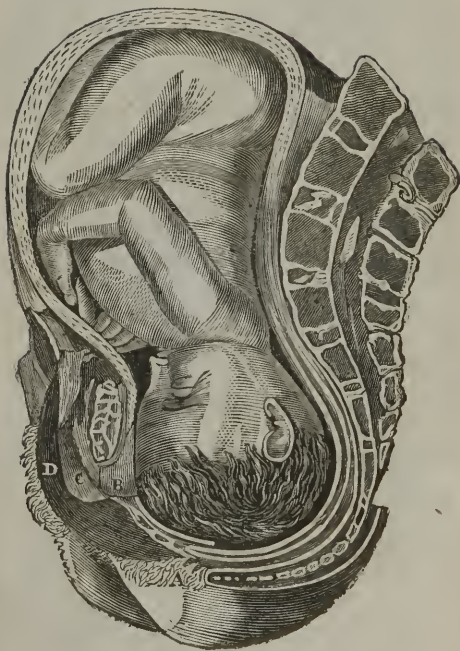
D. The os externum beginning to dilate.

E. The os pubes of the left side.

F. The remaining portion of the bladder.

G. The posterior part of the os uteri.

PLATE IX.



EXPLANATION.

The crown of the head is pressed into the hollow of the sacrum, and the forehead thrust against the shear bone.

A. The anus.

B. The os externum not yet dilated.

C. The nympha.

D. The labium pudendi of the right side.

PLATE X.



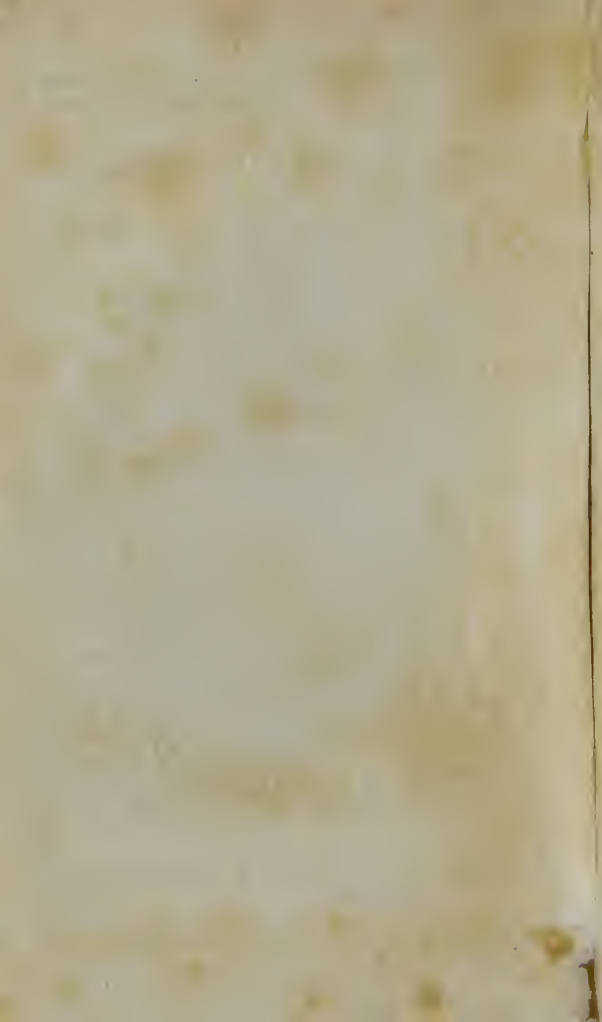
EXPLANATION.

A front view of twins, at the commencement of labor—the front part of the abdomen, womb, and membranes being removed.

1. 1. The upper part of the innominate, or side bones of the pelvis.
2. The socket which receives the head of the thigh bone [acetabulum.]
3. 3. The lower part of the os innominata.
4. The extreme point of the coccygis.
5. The lower part of the rectum.
6. 6. The sides of the vagina.
7. The mouth of the womb, a little open.
8. The lower part of the womb, filled with the amnion waters, gathered below the head of the child that presents.
9. 9. Two placentas, or after-births, attached to the back part of the womb.

The head of one of the children is represented as presenting in a natural position at the upper strait of the pelvis; the other is represented with its head at the fundus uteri, or upper part of the womb. The plate exhibits the body of each child entangled in its own navel cord. This is a frequent occurrence with twins, or single children.

10. Represents a portion of the membranes of one of the children.





EXPLANATION:

This plate has been selected from *Doane*, who copied it from Dr. Knox's translation of Tiedeman's work on the arteries.

1, 1, 1. After-birth. 2, 2, 2, 2. Parts of the membranes that furnish an envelope to all the secundines. 3, 3, 3. A portion of the membrane called the chorion. 4, 4, 4, 4. The veins of the after-birth, forming into a trunk. 5, 5, 5, 5. Umbilical vein. 6, 6, 6, 6. Branches of the umbilical vein, sent to the liver. 7, 7. Venæ portarum. 8, 8, 8, 8. Hepatic branches. 9. Ductus venosus. 10, 10, 10. Venæ cava inferior. 11, 11. Renal veins. 12. Hepatic Veins. 13, 13. Venæ cava superior. 14. The heart, drawn to the right side. 15. Right or pulmonary ventricle. 16. Pulmonary artery. 17. The anterior duct joining with the aorta. 18. Left pulmonary artery cut. 19, 19. Left pulmonary vein. 20. Left or pulmonary auricle. 21. Left or aortic ventricle. 22. The aorta. 23. Arteria innominata. 24. Left carotid artery. 25. Left subclavian artery. 26, 26, 26. Descending aorta. 27. Cæliac artery cut. 28. Superior mesenteric artery. 29. Inferior mesenteric artery. 30. Left renal artery. 31, 31. Common iliac arteries. 32, 32. Hypogastric arteries. 33, 33. External iliac arteries. 34, 34, 34, 34. Umbilical arteries, ascending towards the umbilical ring. 35, 35. Twigs to the urinary bladder. 36. Urachus. 37, 37, 37, 37, 37, 37. The umbilical arteries in a twisted wreathen form, passing into the after-birth. 38, 38. The liver turned aside. 39. Gall bladder. 40, 40. Kidneys. 41, 41. Supra-renal glands.

By reference to the parts on the plate designated by the figures, the names or terms employed explain themselves. Names are arbitrary, designed to distinguish one thing from another. Technical names, which in this case for instance, appear to be unavoidable, nevertheless, viewed in a proper light, will not appear so laborious as the inattentive and unobserving might be induced to imagine.





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